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## EDITORIAL COMMENT

### RANK FOR AMERICAN NURSES

#### EXPERIENCES DIFFER

Nurses in military or Red Cross service who have served overseas, have not all had the same experience. Some have seemed to slip through with very little hardship and with not a great amount of hard work. They have been at a long distance back of the firing line, with living conditions comfortable, and opportunities for recreation and sight seeing. Their voyage over and back has been delightful, in first class cabins, not overcrowded, and they have not had to care for the wounded on the return voyage. Having served under officers who have been gentlemen, their welfare has been looked after, even to the transportation of their heavy luggage.

Others seemed to strike it hard from the moment of mobilization. They have served under officers who have been careless and neglectful of their welfare, they have been close to the firing line and have endured the hardships that fell to the enlisted men in similar positions.

When hard work, long hours, poor food, cold and other personal discomforts have been due to unavoidable war conditions, neither they, nor anyone else, had a word of complaint to offer. Such were the chances of war, and our nurses have deemed it a privilege to represent the women of our country in caring for our sick and wounded men at the front. But there have been numberless instances of unnecessary hardship, owing to their lack of status in the army, which could have been obviated had they been given relative rank. Perhaps the most trying condition which nurses have had to endure was the marked difference between their own status and that of the nurses in English, Canadian and Australian military service. Our nurses have also had the humiliating experience of seeing nurses with rank from other countries saluted by American soldiers, even in the streets of New York, while they have been passed by without the slightest mark of respect. The lack of rank has placed

not only our nurses, but the women of America, in a bad light before the women of other countries who were engaged in this war.

A noted Frenchwoman who saw a group of our nurses scrubbing the walls of a hotel where a hospital was to be established, was heard to remark: "Why, those Americans have even sent their servants over here." The nurses were assigned to this task, in spite of the fact that there were French women of the laboring class who would have been thankful to do this work for pay, but the Colonel in command received credit for greater efficiency by having all of the work performed by members of his Unit.

In view of the kind of evidence which has been presented, it is strange that our legislators should have shown such an entire lack of appreciation of the service which nurses have given.

#### OPPOSITION OF WAR DEPARTMENT

The failure to get the Lewis-Raker bill passed, so far as we have been able to learn, is due largely to the indifference or opposition of a group of the medical staff of the army. Surgeon-General Gorgas, who early in the war was at the head of the Medical Department, was decidedly opposed to the bill as a whole. He admitted that for a selected group of women in the Army Nurse Corps, it would be an advantage,—for the Superintendent, her assistants and the chief nurses,—but he was strongly opposed to giving the rank of second lieutenant to all nurses enrolled for army service.

At that time there was every reason to suppose the war would be prolonged, and he anticipated needing anywhere from 30,000 to 50,000 nurses before the end of the year. As a matter of fact, there have not been more than 16,000 nurses at any one time in military service, eligible for the rank of second lieutenant. And there have been that many medical men enrolled with the rating of first lieutenant, which was the lowest rank granted to them. The medical profession would not have served without rank of some kind. The statement has been made that the top and the bottom of the medical profession has met in this war; and the same might be said of the nurses. The personnel of the nursing staff, both socially and professionally, is as worthy of consideration as that of the medical staff. It should not pass without comment that rank was granted to the members of the Medical Reserve Corps, in spite of the opposition of the Surgeon General and the War Department.

With nurses returning in small numbers on almost every transport, there promises to be only a comparatively small number left above the normal to benefit by this change when it comes. So this objection need not carry weight another year.



# ABSURD ARGUMENTS

Another argument advanced by military men is that if the nurse is given rank, she will not be willing to do the work of caring for the sick. This statement gives food for thought to an ignorant civilian. Do not army officers work? We had supposed they were the burden carriers of the war. This smacks of a desire on the part of military officials to keep the nurses in the army in a position of subordination.

Army men say, too, that nurses will become licentious if they are given rank. Did one ever hear anything more absurd? We confess we are too dense to see reason in this argument. Rank could certainly not be a cause of licentiousness, but we can see, if licentiousness does exist, that rank might be a means of eliminating it.

Such objections ought not really to carry weight. They would seem to us to be based on the old dominating sex antagonism, rather than upon any foreseen development that might prove a detriment to the Army.

# INDIFFERENCE OF ARMY NURSES

Unfortunately, some of the army nurses who have been in the service for a number of years, are indifferent to the advantages of rank. They claim that any woman can get along in the army and have everything she needs for her patients, provided she knows how to manage men. We consider this the strongest argument we have heard for the need of rank for nurses. The nurse who must know how to manage her superior officer in order to get the supplies she needs for the upkeep of her ward, and the care of the men in her charge, or for her own comfort, is in constant danger. The business of the United States Army should not be run on this wheedling basis.

We have heard a number of the younger women returning from military service say, "O, yes, rank would have been a great help to us over there, but we are out of it now and we do not care whether the nurses in the army have rank or not." This is a purely selfish point of view, and quite as hard to overcome as is the attitude of the army nurses who have been in the service for years.

Another bright little nurse who has had a long service overseas, remarked in our presence, "Oh no, none of the nurses wants rank. Why, we can walk right up to our Colonel and be as saucy as we like, and he can't do a thing to us." Certainly this is not conducive to good discipline in the Nurse Corps.

# STATUS OF THE NURSE UNDEFINED

The leaders in this movement for rank for nurses are the older women who have remained at their posts in civil life and in the Red

Cross during the war—without rank. They have been forced to realize from the different reports that have reached them, how unnecessary have been the discomforts and humiliation to which nurses have been subjected in the discharge of duty while in military service.

This is partly due to the fact that the status of the army nurse has never been defined. In one camp she seems to have rank of a common soldier; at another post she is told she has the status of an officer. According to those who have been long in the service, her position depends more upon the innate gentlemanliness of the commanding officer than upon army regulations.

#### HARDSHIPS OF MOBILIZATION AND DEMOBILIZATION

The nurses were not draftees, they enrolled voluntarily for war service. They showed the same patriotism, courage and loyalty as did their brothers, and they have endured the hardships incident to carrying on the hospital work of the army, both under fire and in isolated places. When nurses have called our attention to what seemed to them unnecessary hardships, during mobilization, such as overcrowding, poor food and excessive cold, we have replied, "These are the conditions which war evokes and which have to be endured."

We have not heard of a single instance where the lack of rank has prevented a nurse from doing her full duty, in the face of unnecessary hardships. They did not hesitate, when called upon, to clean out dirty buildings that had been requisitioned as hospitals or nurses' quarters, even to getting down on their hands and knees to scrub the filthy floors. They have in some instances unpacked and set up all the equipment of a hospital, from the lightest articles to the heaviest beds, machines, and operating tables, because the corpsmen had been detailed to other duties and the patients and doctors were waiting.

When a nurse's detail was close to the firing line, emergencies were the common order of the day and such service was not questioned, but when they were at a post one hundred miles back, as many of them were, where hospitals were organized without pressure for time and where there were long periods of waiting between the convoys of wounded, we contend that such manual labor exhausted the strength of the nurses and would not have been asked of them if they had worn the insignia of rank on their uniforms.

But, since the armistice was signed, some of the nurses on the return voyage have been crowded in their state rooms, as many as six occupying one room, some have been quartered in dirty buildings on reaching New York, they have been inadequately provided for when on sick leave, lacking proper accommodations and transportation.

Even Red Cross officials failed to show them the consideration to which they were entitled. They have at times been provided with second-class accommodations when nurses' aides in the same party were given first class passage. There have been instances, since the armistice was signed, when nurses being sent into Germany were obliged to stand for long hours on trains and, after being without food for many, many hours, they were refused coffee and sandwiches by the Red Cross canteen workers, who simply waved them aside, with the explanation that these refreshments were for the men and not for the nurses. They have slept on floors of the waiting rooms in railroad stations, while the officers have had comfortable accommodations in the hotels. Such hardships no longer seem necessary.

#### MEDICAL, LAY AND NURSING SUPPORT

As in all other nursing affairs, we have the best of the medical profession with us in this matter of rank. Among them are Colonel William H. Welch and Colonel Winford H. Smith of Johns Hopkins University; Colonel Charles Mayo and Colonel William J. Mayo of Rochester, Minn.; Colonel Victor C. Vaughan of Ann Arbor, and Colonel F. Snow, and Colonel Franklin H. Martin of Chicago, a member of the General Medical Board of the Council of National Defense.

From civil life we include the following representative men and women among the supporters: Hon. William Howard Taft, Albert M. Day of Chicago, Dr. Henry Noble McCracken of Vassar College, Hon. William Church Osborn, New York; Mrs. Russell A. Alger, Jr., Detroit; Mrs. John Wood Blodgett, Grand Rapids; Mrs. Alfred Brewster, Cleveland; Mrs. Philip Schuyler Doane, Chicago; Mrs. Augustus P. Gardner, Washington, D. C.; Mrs. Robert McKittrick Jones, St. Louis; Mrs. V. Everit Macy, Scarsborough, N. Y.

From the nursing ranks, these women who have been in war work or in the Red Cross, serving without rank, are back of this movement: Miss Delano and Miss Noyes of the Red Cross, Miss Thompson and Mrs. Higbee of the Army and the Navy Nurse Corps, Miss Goodrich of the Army School of Nursing, and Miss Maxwell, superintendent of the Presbyterian Hospital, New York City. That the American Nurses' Association and the two affiliated national organizations took formal action endorsing rank for nurses at the convention in Cleveland, is evidence that the great nursing body is lined up in this effort to secure rank for American nurses.

#### WHAT THE NURSES ARE ASKING FOR

Nurses are not asking for commissioned rank, all they want is relative rank. They are not asking for the salary, emoluments or

allowances that go with absolute rank, they simply wish the right to wear the insignia, because it commands obedience and respect. From this we can see that the matter of relative rank for nurses covers far more than just the detail of courteous consideration for the nurses in the army. It is being demanded by these men and women whose names we have given and by the three national organizations as a means of securing proper recognition for the womanhood of the country as represented by the nurses in the Army and Navy.

#### WHAT IT WOULD MEAN TO GET RANK FOR ALL AMERICAN NURSES

Dr. McCracken, president of Vassar College, recognizes and believes in rank for nurses as a necessary means to the nurse's highest efficiency. He believes she needs it as a safeguard and protection. But as an educator he feels that the granting of rank to army nurses will have a great reflex influence; that it will greatly lift and dignify the whole nursing profession; that it will markedly change the attitude of physicians towards nurses, and that it will have a strong influence upon the progress of the movement to put woman in her natural position by the side of man.

Speaking before the House Military Affairs Committee in April, 1918, Colonel William J. Mayo of the Medical Reserve Corps said, "I believe the bulk of the Lewis-Raker bill represents a real step in advance, and I believe the soldier will be better taken care of in this way than under present conditions."

Miss Anna C. Maxwell, superintendent of the Presbyterian Hospital, New York City, has been most anxious, since her trip overseas for the inspection of the English and American military hospitals, to secure rank for American nurses.

While it has been shown among the objections that there was a willingness to grant rank to the officers of the Nurse Corps, there has been great objection to granting it to the entire personnel of the nursing service. As a matter of fact it would seem to us that the nursing personnel of the hospital needs rank quite as much as, if not more than, the chief nurses, for the reason that these nurses are often separated from their command, and need this authority to properly discharge their duty; and when traveling, the insignia ensures personal protection as well as greater efficiency. The refusal of the committee to accept rank except for the entire nurse corps was, we think, very wise.

Although the 65th Congress adjourned without passing this bill, plans are being made to continue this work until rank is secured for all American nurses in military service.



## BETTER CARE FOR OUR SOLDIERS

Time and again the lack of authority which rank would have given the nurse, interfered very materially with her efficiency in caring for soldiers.

Soldiers are taught unquestioning obedience to military authority. The military insignia attached to the uniform of the officer, in the form of a stripe, a bar, or some other military device, makes it quite evident to the soldier that the wearer is an officer, and must therefore be obeyed and treated with military respect. As the nurse is without this insignia, her authority is sometimes questioned in a way which interferes with her efficiency in caring for patients.

To illustrate,—on one occasion when the wounded and sick were being brought into a base hospital from a train, the chief nurse asked that the sergeant bring in first those who had been gassed. He replied rather gruffly, "Oh, I don't have to take orders from you." And he did not act upon her suggestion, but left the gassed patients until the very last. Consequently, when these gassed men were finally brought in, many of them were in a more serious condition than when removed from the train.

Another illustration will, perhaps, make this point clearer. An orderly dispatched for sand bags with which to stabilize a newly set compound fracture of the leg was gone so long he had to be sent for. He had gone to the post office to look for mail at the request of a captain he had met in the hall. "Why didn't you bring me the sand bags first, and go for the mail afterwards?" asked the nurse, who had stood holding the leg all the time the orderly was gone. "Oh, I had to go. He was an officer," was the reply.

Miss Grace E. Allison, Ex-Chief Nurse of Base Hospital No. 4, summed up this phase of the argument in "Some Experiences in Active Service—France," which was run serially in the JOURNAL.

The extracts we give here appeared originally in the April issue.

The reason why the need of rank for nurses is not more thoroughly and convincingly understood, is that it has been impossible for the nurses overseas to give the facts and information as they exist.

There were about 150,000 orderlies serving in the army hospitals, among whom were many who were not only absolutely ignorant of hospital customs and traditions, but who had little knowledge, if any, of caring for the sick. Inasmuch, as nurses were considered an auxiliary, rather than a part of the army, and as they were women, orderlies resented receiving instruction from nurses, and consequently the patients were the sufferers. Too little has been told of the conduct of affairs and of the difficulties experienced by the nurses in their efforts to provide proper nursing care for our wounded and sick soldiers.

It has been said that the influence of a good woman is the strongest authority that can be exercised. This might be so in some phases of life, but in the Army, where one principle and one psychology are carried out, under the severe

disciplinary methods, it is impossible and unthinkable to presume that satisfactory results could be gained by such a fallacious theory. The Army, as every one is fully aware, is disciplined and managed by specific regulations; yet the nursing department, with its serious and heavy responsibilities, is expected to conform to an entirely different means by applying to reason,—a method which is not only foreign to the army language, but is neither encouraged nor desired.

Can any one imagine an officer appealing to an orderly in order to have his order carried out?

In the American army hospitals, orderlies are assigned to their posts of duty by the top sergeant and are subsequently transferred at the latter's discretion. It has occurred many times that an orderly has been placed on night duty without having had one day's experience or instruction in caring for the sick. As a night nurse was responsible for as many as eighty patients (in two or more huts), to provide such poorly qualified assistance, placed not only a tremendous, but an unnecessary strain upon her.

When Regulation 1042½ was received,—a copy was incorporated in the "Order of Day," and it appeared for one day only. To my knowledge, no further attention was directed toward any observance of this order. Nurses are quite familiar with the recognition given Canadian and Australian nurses by their respective governments. They wear the insignia, and they have corresponding consideration and courtesy shown them. The nurses in the British Army Nursing Service are given relative rank and are recognized as having it, as it pertains to the practical management of affairs, as well as in theory.

In the first place, the Matron (who corresponds to our Chief Nurse), makes all assignments and transfers of orderlies for ward duty, a definite number being designated for this service. The orderlies do not leave their wards for a period of an hour or more, unknown to the nurse in charge, as is repeatedly done in the American Army hospitals by order of the top sergeant. Then, too, when these soldiers register for service in the R. A. M. C. (Royal Army Medical Corps), they are required to attend classes conducted by the Matron (a total of 75 hours, I think), and finally to pass examinations. This, alone, is a recognition of the Matron's authority, as it pertains to the nursing care of the sick. If an orderly proved himself incompetent or failed to perform his work properly, his case was given careful investigation, in consultation with the Commanding Officer, who could, from long experience, be relied upon to give just support in all reasonable matters.

The hospitals under British authority were inspected regularly and systematically by the British Matron in Chief or her representative. All important matters pertaining to the nursing department were taken up through these channels which insured, not only a just, but in the last analysis, a more efficient organization. There are many other points of difference as regards the nurses' authority.

#### WHAT CAN NURSES DO?

What can nurses do to help this cause? They can do exactly what they are accustomed to do in other matters of legislation. Get in touch with their congressmen in Washington. Keep them informed of the need of rank for nurses. In those states, particularly, where women have the ballot, they should not allow themselves to be lightly

put aside. They should let their representatives understand that their votes will help either to elect or defeat them in the future.

The soldiers and sailors in the ranks who have been sick or wounded, overseas or in the home cantonments, should be a tremendously strong political factor in influencing legislation. Their tributes which we have seen in the cantonment newspapers have made us realize that, however lacking the army officials and the general public may be, these men who have been patients, have a very comprehensive appreciation of the urgent need of rank for nurses.

#### RANK FOR RED CROSS WORKERS

Many of our readers have doubtless wondered how it has come about that certain Red Cross workers were privileged to use rank, when it could not be obtained for nurses. Special Regulations No. 61 of the American Red Cross explains this. In order to facilitate the work of those in Red Cross service overseas, who are for the time being part of the military establishment, the government bestows upon them Assimilated Rank with the right to wear the uniform and the insignia of the corresponding rank in the U. S. Army. This privilege holds good only while the Red Cross worker is overseas, the individual not being entitled to wear the uniform or use the rank after his return to this country. The degree of rank ranged from Major-General to Sergeant.

Assimilated rank has carried with it dignity, has assured respect, obedience and official recognition, and has been given to many people who were not specially trained for the work they were assigned to.

The Motor Corps women assumed rank without any governmental authority, in the way that high school cadets have. Rank has, however, served to give prestige to this department, and to enforce discipline among the members, and has been highly valued by those to whom it has been granted.

#### HOSPITAL STANDARDIZATION

One of the most encouraging signs of the times that has come to us for many years is the calling of the Conference by the American Medical Association on Hospital Standardization, held in Chicago on April 21st, to which nursing organizations were asked to send delegates. Miss Noyes represented the American Nurses' Association.

When the leaders in medicine and nursing can come together on a basis of professional equality to discuss the problems of hospitals, in which both groups are equally interested, hospitals cannot fail to be benefited by such coöperation.

It is hoped that in the bigger questions that will be discussed, some of the simple, practical subjects will not be overlooked.

We want to make a plea for the removal from public wards of patients who are so ill that they disturb and alarm the others. We believe much of the prejudice against hospitals would be eliminated if every ward had a few rooms set aside for the desperately ill and the dying. We know of some hospitals where this provision has been made, but, too often, these rooms have been used, under stress, for paying patients, instead of being kept for the relief of the wards.

Another thing that is a constant source of annoyance and which any plan of reorganization should remedy is the custom of waking patients at four or five o'clock in the morning to prepare them for breakfast. This is, of course, due to the shortage of night nurses. While this custom is not followed in all hospitals, it does prevail in many.

Waking sick people at an hour in the morning when many of them are getting their best sleep would seem to be unnecessary, if an adequate nursing service for the early morning hours were provided. The eight-hour day we believe to be the next great improvement in hospital administration, and when plans are made to establish it, this annoying custom should be abolished.

In the last twenty years we have been building hospitals at a rapid rate, all over this country. The main idea has been to provide shelter and care for the sick, but in too many instances consideration for the individual has been lost sight of. We believe we are entering upon a period where greater personal consideration will prevail.

#### BACK NUMBERS OF THE JOURNAL

As time goes on, it becomes more and more difficult to obtain complete sets of the back numbers of the JOURNAL. Our own supply is absolutely exhausted.

Occasionally, a subscriber writes to us that because of some change in her manner of living, she is obliged to part with her JOURNAL files. Only in some such way as this, can schools and libraries that are without back numbers, obtain them.

The special value of these old JOURNAL files is that they contain the history of nursing for the past eighteen years,—in detail, state by state, in our own country, and a general summing up of important nursing events the world over. For these reasons, the older the sets, the more valuable they will be for reference libraries, which every training school should be developing. Very recently we have been in correspondence with three of our readers who have an accumulation of back volumes to dispose of.



**FOUND—A RED CROSS PURSE**

In a hotel in one of the eastern cities, a small purse was found some weeks ago, containing a large sum of money and some coins, both American and French.

It seems strange that a Red Cross nurse losing so large a sum of money should not have made the fact known at Red Cross Headquarters. Any one who can give information that will lead to its identification is requested to communicate directly with Miss Clara D. Noyes at Red Cross Headquarters in Washington, D. C.

The owner must be able to describe the purse, tell how much money it contains, and when and where it was lost.

**RELIEF FUND**

Since our last issue the importance of increasing the Relief Fund has been brought home in a very personal way by the fact that a number of nurses whom we know personally have returned from war service very much broken down in health. One of them was suffering with heart strain, and two others with tuberculosis. While we do not know that in these particular instances, they will need to call upon the Relief Fund, we feel sure that there will be many, before war conditions are settled, who will need assistance during at least a part of their term of enforced rest.

Our request for a special assessment of 25 cents each on alumnae members is so modest that we are urging organizations not to let a meeting pass without taking this up with their members.

Mrs. C. V. Twiss, the treasurer of this fund, has reported the receipt of \$282.25 since the report published in the March JOURNAL.

**A BIGGER JOURNAL**

There is a constant demand for a bigger JOURNAL. Every month we are obliged to cut out important matters because we must keep to a certain number of pages in order to cover the cost of manufacture with the two-dollar subscription. With our subscription list doubled, we could very materially add, not only to the number of pages in each magazine but to the richness of its content. A long pull, all together, each subscriber sending us one new name—many have already accepted our invitation to do so,—and this will be accomplished.

**ANOTHER FIELD FOR THE HIGHLY TRAINED NURSE**

There has been a shortage of medical men to serve as internes in our hospitals, because the war has diverted many of those who would otherwise have been entering our medical colleges, into military service or other industrial or professional lines. As this condition is

likely to continue for a number of years, a plan is being considered under which highly educated nurses may be trained for certain departments of hospital service which have heretofore been filled exclusively by internes.

This is another means of diverting highly trained women from the nursing field, from work for which they have been prepared and in which they are greatly needed. One advantage of this is, however, that the hospitals will have a steadier and more conscientious service than they heretofore enjoyed from the sometimes irresponsible and frequently changing internes.

Dr. S. S. Goldwater, director of Mt. Sinai Hospital, New York City, suggests a course of training for these clinical aids to cover a period of from nine to twelve months. Such a course would include training in anesthesia, first aid, surgical dressing, laboratory technique, history taking, operative technique, and clinical records.

We understand that graduate nurses are being trained as technicians in a number of places, Teachers College and Hunter College, New York City, and Simmons College, Boston. Almost all who have had this special training are now occupying positions in the large hospitals. With a larger supply of these clinical aids, the smaller hospital could benefit as well.

#### MISS DELANO ILL IN FRANCE

Immediately upon the signing of the armistice, Miss Delano made plans for going overseas, to try to remove some of the difficulties under which she knew the nurses were working. She had not left her post at Red Cross Headquarters since England and Germany had declared war, and although she had been strongly urged to go to France, she refused to do so until she knew the need of keeping up the enrollment of nurses for military service had passed.

She had to wait a fortnight in New York for transportation, and then had a very delightful trip across, but she was taken ill almost immediately upon her arrival in Paris. She was obliged to enter a Red Cross hospital there, and undergo a mastoid operation. She made an encouraging recovery and was able to go on to Savenay. There she had a return of the trouble and she has since been seriously ill.

It is a comfort to all Red Cross nurses to know that Miss Delano has been cared for in a Red Cross hospital overseas by our own Red Cross members, who have given her devoted and affectionate service. Her life-long friend, Miss Anna Kerr, has gone across to be with her during her convalescence.

Miss Delano was planning to be present at the Conference at Cannes, which will practically decide the future work of the Red Cross

in foreign countries and also prepare a program for the great International Conference in Geneva to be held after the peace treaty is signed. We are told that Miss Delano has shown wonderful fortitude during this very disappointing experience.

#### SHORT NURSING COURSES

One of the evils that we see coming, as the result of the tremendous demand for public health nurses, is the establishment of short courses in public health work, covering only a few weeks, which offer to graduate nurses alluring programs in preparation for this department of work. Four months is the least time that either the Red Cross or the National Organization for Public Health Nursing endorses, and nurses should be careful not to waste their time and money on courses shorter than this.

We have seen an outline of a short course being considered in Hartford, which seems to us most undesirable, unless these women can be trained and properly licensed as attendants. Nurses everywhere should publicly express their disapproval of such courses when they find them being established in their communities.

#### THE INTERSTATE SECRETARY

The Interstate Secretary has her plans fairly well formed for the remainder of her term. She is to be in Florence, S. C., the second and third of May and will go from there to Indiana, where she has definite dates from the thirteenth of May through the twenty-fifth, with engagements in Missouri which will probably extend into the first week in June. She can accept appointments for any unfilled dates up to the time of the meeting of the National League of Nursing Education in Chicago, the last week in June. From then her time is wholly filled through the eighteenth of July, which leaves ten days before the closing of her time of service, during which she can accept a few appointments on her way East.

#### DEATH OF JANE A. DELANO

Since closing these pages, a cablegram has been received announcing the death of Miss Delano at Savenay, France, on April 15th.

Our first thought is of our irreparable loss; our second is the question, Who will be found to carry on the work which she leaves unfinished? Her success has been due, in a great degree, to the fact that she was pecuniarily a free agent, both in the Red Cross and in the American Nurses' Association. We cannot expect that her successor can give such a gratuitous service, but we may hope that such compensation as the position calls for, shall come from her own profession.

## HOURLY NURSING

BY MARY DAY BARNES, R.N.

*Chicago, Illinois*

It is surprising to find how many people one runs across who know nothing of the hourly nurse and her work or who have just heard of her for the first time, although nurses have been doing this line of work for many years in the east, central west and west. It is a branch of nursing that has undoubtedly come to stay and unquestionably has a good future. It may help to solve the problem of furnishing trained nursing to the people of moderate means. It certainly helps out many a family that cannot afford a trained nurse all the time. One of the duties the hourly nurse is often called upon to perform is to teach some member of a family to give certain treatments which the doctor has prescribed.

This work has its advantages and its disadvantages. One thing in it that appeals to the private duty nurse is that the hourly nurse has her nights at home, and as a rule, when one leaves a patient there is no anxiety to carry away. If the patient is seriously ill, the hourly nurse is probably called in only to do relief work.

Many nurses have said to me they would like to take up hourly nursing, as they were not very strong, or because it looked easier to them than private duty nursing. I suppose one could regulate her practice to her strength, but if one is not very strong I feel quite sure she would just make a living at this and not be able to save anything. To make a success in this work, one must put into it all her time and strength. Any nurse knows that if she refuses a doctor's or a patient's call two or three times, they would soon stop calling for her. The hours are long and uncertain. Many patients want or need their treatments at bedtime, while others wish them before they dress to go out in the morning. The hourly nurse, you know, has many patients who are up and living their normal lives.

In this work one is on her feet most of the time. Perhaps there is a walk of several blocks to the car, then one hangs to a strap if it is during the "rush" hour, then comes a walk of several blocks to the patient's house, where the nurse is busy for an hour or two without sitting down, then another walk of several blocks to the next patient or to a car and, several times a day, there are long waits on corners for cars, in all kinds of weather, but it is very interesting work and one gets a variety, each day.

If one wishes to take up hourly nursing, it is first important to



have a small bank account to draw upon, if necessary, while working up a practice, as there will undoubtedly be many days at first when no calls come in. Then arrange good telephone service. If living in one's own home, the family will personally be interested. Living in a Nurses' Club would be satisfactory, but in a boarding house, probably the calls would often be forgotten, or again, if several nurses were living in their own apartment, it would be necessary to have some one in, most of the time, on account of the telephone. Have cards with your name, address and telephone number, stating also that you are an hourly nurse and indicating any work you may have taken up in addition to this, such as sterilizing or massage. In my work I have found massage works in very nicely in keeping me busy, many times, when there is little to do in active nursing. In a large city there will be very little sterilizing to do. In a town without a hospital, there might be more or less of this, especially for obstetrical cases.

When it comes to getting a uniform for this work, be sure to include your school cap and pin. Patients like to see the nurse in full uniform; it looks more professional and it gives them more confidence in her. Remember that the succeeding visits often depend on the impression made during the first visit, and first impressions are often lasting. The private duty nurse may be able to live down an unfavorable first impression, as a patient will defer telling her she wishes to make a change. Not so with the hourly nurse; when she is out of the house after the first visit, it is very easy to think up a plausible excuse for not having her return or, when she is leaving, to say the patient will let her know when she is again needed. But to return to the uniform,—after much thought, I decided on a two-piece white uniform of cotton poplin, as this wrinkles less easily than linen. The skirt is finished like a tailored skirt at the waist, so no belt is necessary. It hooks to the waist in the back with two hooks. Have the stiff inside belting boned in casings so that the bones can be removed when the skirt is washed. I carry an apron with me only if using mercurial ointment for some patient, or some solution with a stain which is difficult to remove. This two-piece uniform has the advantage of saving laundry bills, as you can keep quite tidy by changing the waist oftener than the skirt, so have several extra waists made. If your school cap is one that folds flat, so much the better in this work. It can be placed between two pieces of cardboard, folded in your dress skirt and a white petticoat. This I carry in a bag such as lawyers carry their briefs in. Always carry with you a mouth and a rectal thermometer, a hypodermic, a lead pencil, and small pad. It will often make your work easier and save much time by having other working

utensils to carry with you when necessary, such as a bath thermometer, fountain syringe, small glass syringe and catheter, a spoon to boil the hypodermic needle in, and a stupe wringer.

Each year I buy a Standard Daily Journal, which is a book 3½ by 6 inches, having a page for each day. This is large enough to make out each day's itinerary. Write your patient's name, address, telephone number, and the time you will be there, and leave this on your telephone table. In this way your calls can follow you.

Now you are ready for work. Register at your registry and perhaps, at first, you will find it to your advantage to put your name on more than one registry. Visit all the doctors you know and leave your cards with them. Leave your card in the offices of hotels, and call upon the house physician of each hotel. Let your nurse friends know that you can relieve them when they need relief and cannot get it from the family. As time goes on, you will probably get most of your calls through patients who will tell others of you and your work, so be business-like and, if you move, send cards to all your old patients and to the doctors.

In this hourly work one is called on to do anything a nurse is trained to do, such as giving high and low enemas; douches; tub and bed baths; cabinet baths and Nauheim baths; bladder irrigations; alcohol and oil rubs; hot fomentations; to attend an obstetrical case during the delivery and, perhaps, to give the baby and the mother their daily baths for two weeks. Occasionally one is called in for surgical dressings in the home, or to prepare for and assist at an operation; at other times to give hot packs; stay with a baby when the parents wish to go out and there is no one to leave it with; to put the baby and small children to bed and stay with them on the afternoon the nurse girl is out; to attend many cancer cases; give hypodermics and inunctions; and to do relief work. This relief is sometimes when the patient is too ill to be left with any member of the family, sometimes when they have not the room to accommodate two nurses, and again, as a matter of economy,—often in hotel or boarding-house cases.

As far as possible I arrange my work to suit my patient's time. Often a patient wishes to change her hour or a new call may come in which you can take only if some patient is willing to take another hour. All this you regulate according to circumstances. When a new call comes in, I get all the information I can about it, just what they wish done, what they have to work with, and tell them what to get, or I may take some things with me. One soon learns about how long it takes to do certain things, so a pretty accurate time schedule can be kept in the book on the telephone table. Or, if the work takes

longer than anticipated, telephone back to have the time of your itinerary changed. Try not to keep people waiting. If you find you will be delayed, telephone the next patient to that effect. It is a good thing to know of another nurse who can be called on to take calls you may not be able to take, or to hold a case for you.

When the nurses raised their rates here last spring, they raised the hourly nurses to \$2.50 the first hour and 50 cents each succeeding hour or fraction of an hour. I seldom get that. As a rule, I charge \$2.00 the first hour and 50 cents for each succeeding hour, except when relieving for six or eight hours, when I may make special rates. I charge \$5.00 for a night, and for a delivery case. If specializing at night in a hospital, as I did occasionally, my first year in this work, I, of course, accepted the regular hospital rates. I try to make my rates suit my patient's circumstances, but I never make any reductions over the telephone, as it is often the people who can afford to pay, better than I can to lose, who are the ones who object to your charges. Simply tell them you will come and see how long it takes to do what they wish and you are sure a satisfactory arrangement can be made. Then you can judge the situation for yourself and charge accordingly. For a hypodermic, I charge \$1.00 as the time it takes in going and coming is what is paid for, in this case. Sometimes I make a little extra charge for the work when the distance is very great, or if it is very late in the evening. In some cities I understand the nurses have special charges for the various treatments, such as \$1.50 for a hypodermic, \$3.00 for a colonic flushing, etc.

One patient who had often employed an hourly nurse, made the comment that after Miss ——— had made her visit, you would never know she had been in the house, for she left everything exactly as she found it. This was all right in this particular case, as the lady was a perfect housekeeper.

When I first took up this work, I taught some Home Nursing classes at the Domestic Science School and had, also, some private Home Nursing classes. Since the Red Cross has established Home Nursing classes, I have taught some of those.

The calls for this work are mostly from people of moderate means and from the wealthy, as in Chicago the poor are well cared for by the Visiting Nurses' Association, but sometimes on Sundays and evenings, when the visiting nurses are not on call, the hourly nurse may get some calls from poorer patients.

## PEANUTS AND SOY BEANS FOR THE DIABETIC PATIENT

BY ALICE URQUHART FEWELL

*Los Gatos, California*

When feeding the diabetic patient, carbohydrate foods must be eliminated or restricted, and in their place are given foods which contain a high percentage of proteid and fat. We are, therefore, looking for foods which have a low carbohydrate content, but which are rich in proteid and fat. Peanuts and soy beans fulfill this requirement. The percentage composition of peanuts and soy beans, according to Hutchison, is given in the table below.

	Water	Proteid	Carbohydrate	Fat	Cellulose	Mineral
Peanuts,	8.3	24.0	17.	44.3	4.5	1.9
Soy Beans,	11.0	32.9	28.7	18.1	4.4	4.9

The recent campaign for food conservation has brought into use many foods not commonly employed in the diet. Many recipes have been prepared giving the uses of peanuts and soy beans in cookery, and both have been used extensively as meat substitutes. One pint of chopped peanuts has the same proteid value as one pound of steak. These recipes can be made applicable to the needs of the diabetic patient.

Both peanuts and soy beans belong to the botanical pulse family. In order to be digestible, they require a thorough cooking. Peanuts may be either boiled or roasted; they are more digestible when chopped or ground fine. They are used to make peanut oil and peanut butter. The oil is sweet and makes a superior salad dressing. It does not become rancid and has good keeping properties. Peanut butter is manufactured commercially; it may be bought in glass jars. It is easily made in the home by putting roasted peanuts through the finest division of the meat grinder. This should be done twice, and the paste thus formed mixed with a little peanut or other vegetable oil. This peanut butter has many uses in cookery, and imparts a delicate and unusual flavor. One pound of peanut butter will yield 2,650 calories, as compared with 950 calories yielded by one pound of round steak.

Soy beans may be boiled until tender, and are then used in various combinations in cookery. Soy bean flour is now manufactured commercially, and it may be used in making bread and biscuit for the diabetic patient. While not entirely free from starch, it can be used where gluten flour is given; even the best grades of gluten flour contain some starch. A patient who has become tired of gluten bread and



biscuit will often appreciate the change to soy bean flour. It may be used, also, to thicken gravies and sauces. Soy beans are used extensively in China, and soy bean cheese, which is very rich in proteid, is used to supplement the deficiencies of a rice diet.

The following recipes will give a general idea of the uses of peanuts and soy beans in diabetic diet.

#### *Peanut Soup*

2 tablespoons peanut butter,	$\frac{1}{2}$ tablespoon fat,
$\frac{1}{2}$ cup water,	$\frac{3}{4}$ tablespoon soy bean flour,
$\frac{1}{2}$ cup scalded milk,	$\frac{1}{4}$ teaspoon salt,
$\frac{1}{4}$ slice onion,	pepper.

Boil the water and pour it slowly over the peanut butter, stirring until smooth. Scald onion and milk, and strain out onion. Melt fat, add flour, and when well blended, add milk gradually, stirring until boiling point is reached. Add peanut mixture and seasoning, and beat well. Gluten flour may be substituted for the soy bean flour.

#### *Soy Bean Soup*

$\frac{3}{4}$ cup boiled soy beans,	$\frac{1}{2}$ tablespoon fat,
$1\frac{1}{2}$ cups water,	$\frac{3}{4}$ tablespoon soy bean flour,
$\frac{1}{2}$ slice onion,	salt,
5 tablespoons stewed and strained tomatoes,	pepper.

To prepare the soy beans, first soak over night; drain, add cold water, and cook until tender, which will take about 8 hours. The beans should simmer and not boil hard. Drain well when done. Put the boiled beans, water and onion in a sauce pan and cook gently for 25 minutes. Rub through a sieve, and add tomato and seasoning to taste. Melt the fat, add the flour and, slowly, the bean mixture. Bring to the boiling point and serve. Gluten flour may be used in place of the soy bean flour, and water may be substituted for the tomatoes.

#### *Soy Bean Loaf*

2 cups cooked soy beans,	1 tablespoon vegetable oil,
1 egg,	salt,
1 tablespoon minced onion,	pepper.
water,	

Cook the soy beans, following the directions for boiling given in the recipe for bean soup. Measure the cooked beans, and put them through the meat grinder. Add the egg slightly beaten, onion, oil, and seasoning. Moisten with sufficient water, so that the mixture

may be formed into a loaf. Bake on a greased pan in a moderate oven until brown, basting frequently with a mixture of hot water and vegetable oil. Serve hot with peanut gravy. Peanut or any other vegetable oil may be used in this recipe, and stewed and strained tomatoes may be used instead of water. Ground peanuts or peanut butter can be added to give variety of flavor.

#### *Peanut Gravy*

$\frac{3}{4}$ tablespoon fat,	$\frac{1}{8}$ teaspoon salt,
1 tablespoon soy bean flour,	pepper,
$\frac{1}{2}$ cup milk or water,	1 tablespoon peanut butter.

Brown the flour in the fat, add seasoning and peanut butter. Stir until well blended, add water or milk gradually, and stir constantly until gravy boils and is thick.

#### *Soy Bean Salad*

Put cold soy beans through the meat grinder, season with minced onion, salt and pepper. Mix well with French Dressing, and serve on lettuce leaves. Chopped peanuts may be added, if desired. This same mixture is especially good when used as a stuffing for raw tomatoes, served on lettuce leaves.

#### *Soy Bean Wafers*

1 cup soy bean flour,	$\frac{1}{4}$ teaspoon salt,
	cream.

Add the salt to the flour, and sufficient cream to make a stiff dough. Turn out on a floured board and roll as thin as possible. Cut with a biscuit cutter, prick with a fork, and bake in a moderate oven until a very light brown.

#### *Soy Bean Biscuits*

1 cup soy bean flour,	$\frac{1}{4}$ teaspoon salt,
$2\frac{1}{2}$ tablespoons baking powder,	1 tablespoon fat,
	about $\frac{1}{4}$ cup milk.

Mix and sift the dry ingredients, work in the fat with the fingers or cut in with a knife. Gradually add the milk until a soft dough is formed. Knead lightly on a board dredged with soy bean flour, roll thin, and cut with a biscuit cutter. Bake in a hot oven for about 15 minutes or until brown. Peanut butter may be worked into the dough before the biscuits are cut, to give a variety of flavor. These biscuits are rather close and heavy, resembling those made from gluten flour, but have a different flavor.

## THE PSYCHOLOGY OF HABIT

BY KATHARINE MURDOCH, Ph.D.

*New York, N. Y.*

*(Continued from page 506)*

In addition to choosing a habit which they really desire, I ask my students also to analyze the habit which they plan to form into terms of situation and response. In other words, they should determine just what is the time or place or state of affairs or condition of things which is invariably to call forth from them the same responding movement. To make this requirement, rules out many such general habits as "observation," "concentration" and the like, the student being at a loss to identify the exact situation. I am not sorry that this is the case for, after all, few persons really have, or should have, habits of observing in general, or of concentrating at all times. What is desirable is that we have special habits of observing a certain class of object. To insist that a habit be analyzed into situation and response, puts the learner's attention always at the point toward which it should be directed. "How would you teach a pupil," I was once asked by a superintendent of nurses, "to break the habit of spilling water as she carries her pitcher through the ward?" My answer was at once, "Analyze the habit to be formed into terms of situation and response; what is the situation in this case which, whenever it arises, must be met always in one certain way? Put the learner's attention upon the spot at which she is to act and upon the positive act which she is then to perform. Is her fault due to the amount of water in the pitcher? If so the habit to be formed is that in presence of the situation 'pitcher to be filled,' she must respond by turning off the tap when the pitcher is just so full. If her fault is that she walks too fast through the ward, then she must form the habit of connecting the situation 'pitcher in hand' with the response 'walk slowly and carefully.'" Instead of this positive emphasis at the point where attack should be made, too often she is simply told that she should not have been so careless, thus failing to direct attention to the exact point where it is needed, and giving the command a negative rather than a positive turn. It sometimes takes my pupils some time to be able to analyze their habits properly, as one who wants to be on time to breakfast, but fails at first to see that attention must then be put, not upon breakfast, but upon the proper response to the hearing of the rising bell.

Of course we study James' maxims, which everyone should know when she deliberately sets about forming a habit:

1. "Start with a strong initiative or impetus"—a great desire to form this habit. Tell your friends about it. Plan, perhaps, to keep a record of your progress. Perhaps this first maxim indicates more than anything else why psychology for nurses is worth while, for the very emphasis of our study upon the value, strength and importance of habit will lead to an impetus in forming habits which otherwise would hardly exist.

2. "Never allow an exception to occur till the new habit is firmly rooted in your life." Above all things be true to your resolve of never giving in.

3. "Exercise your habit." Seek opportunities. Make them, if necessary, rather than waiting for them to come, for without exercise no habit is ever formed.

In my course in psychology, long before we discuss habit at all, my students know the governing part which our nervous systems play in the control of our behavior. They know about the connections of neurones which produce reflex action and instinctive actions, and now it is easy for them to learn that habits, too, are due to neurone connections. We have habits because we have bodies, because a part of our physical organism acts that way. Neurones which have acted together tend again to act together—situations which have brought certain responses in the past (especially if these were satisfying ones) are thereby more likely to do so in the future.

So far, what we have said applies particularly to the motor of physical habits. The emotional or thought habits must not be overlooked. Sometimes a nurse chooses to form such a habit. "To be cheerful to my patients," one nurse chose, and she chose a worthy end to strive for. In forming such an emotional habit, it is necessary to consider a few specific points. The three maxims still apply, but besides these, one must consider somewhat other knowledge, as to the control of the emotions. The psychologists have not yet quite decided among themselves whether emotion precedes or follows the bodily expression with which it is accompanied. James' classic claim, that when we see a bear, we are afraid, because we run, is not altogether believed by them all. Upon this point, however, all psychologists do agree (and for that matter physiologists have even more to say about it) that is, that the expression of an emotion, be it anger or fear or love or what not, is accompanied by many bodily reflex disturbances which, in their turn, react upon and intensify the emotional state. In Cannon's recent experiments upon cats, it was found that in states of anger, pain, excitement and fear, comparatively large quantities of adrenalin are secreted into the blood supply, causing thereby such changes as liberation from the kidneys of an increased supply of



glycogen to the blood, a strengthened heart beat, dilated bronchials, coagulation increased, digestion almost stopped, thyroid secretion stimulated, and thus, due to the latter fact, an increased nervous irritability produced, etc., and so on. These and other experiments clearly show that our emotions are not purely dissociated affairs, but that to a tremendous degree they are accompaniments of, and in a certain sense dependent upon, our bodily state. The nurse needs to know this fact, for if she wishes to form or break an emotional habit, she must put much of her energy upon the control of the bodily movements which accompany that emotion. If she would be happy, she must look happy; if she would abolish fear, she must act in a fearless manner.

Nurses should know about the great dependence of mind, and especially emotional tone, upon the body, in order that they may better understand their patients. Even after bodily recovery, a patient may retain an unfortunate irritable or worrying attitude, which was initiated in the first place, perhaps, by the physical accompaniments of his disease. Habit may have caused the emotion to persist even after the subsidence of its original cause. Nurses can help here. They can help just as they can and should in case of all of a patient's habits, be they wise or foolish ones, by a sympathetic understanding of the cause of certain actions. They can help, too, in case of such circulatory emotional habits as worry and despondency, by introducing some new device for interest to center upon. The teachers of occupation therapy have an important part to play here, and it is fortunate that so many of such teachers are being trained for the emergency of caring for our shell-shock patients. These soldiers, formerly normal, are in the dangerous period when their new and often very despondent emotions, caused in the first place by a physiological or nervous strain, may become emotional habits. There is no time to lose in breaking up the disastrous tendency toward worrying, self-pity and melancholy brooding, which are daily gaining strength in these patients. If, by diverting their minds to some pleasant bedside occupation, such emotional habits are interfered with at the start, a wondrous gain may be accomplished. On a small scale, all nurses who deal with nervous patients, especially with those in the early stages, can introduce some such useful diversion.

If the nervous habit is of long standing, what can the nurse do then? Very, very little indeed, and to return to our first consideration, perhaps no one thing about habit is so important to know as its *strength*. The settled drunkard does not choose his bottle, nor the prostitute her vice, and the patient often does not voluntarily adopt the querulous, complaining tone. They are impelled to these acts, even

though they lead them to their doom, by a force which is greater than they. Habit, when directed toward worthy ends, is man's main prop and sure support, but woe to him whose neurones have gone wrong!

I cannot enter in detail into a discussion of habits of thinking, or dwell, as I should like to do, upon the importance of habit in the moral life. When considering this latter point, I always ask my students to read James,\* and I can do no more, myself, than urge upon them what he says:

Could the young but realize how soon they will become mere walking bundles of habits, they would give more heed to their conduct while in the plastic state. We are spinning our own fates, good and evil, and never to be undone. Every smallest stroke of virtue or of vice leaves its never-so-little scar. The drunken Rip Van Winkle in Jefferson's play excuses himself for every fresh dereliction by saying, "I won't count this time." Well, he may not count it, and a kind heaven may not count it, but it is being counted none the less. Down among his nerve cells and fibers the molecules are counting it, registering and storing it up to be used against him when the next temptation comes. Nothing we ever do is, in strict scientific literalness, wiped out.

\*James, Wm.: Talks to Teachers on Psychology, Chapter on the Laws of Habit.

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## THE VALUE OF A THREE MONTHS' COURSE IN TUBERCULOSIS

BY MYRTLE MEAD

*Howell, Michigan*

Tuberculosis nursing is generally considered a special branch of nursing by itself. In fact, it has been asserted that a nurse who takes up this branch of work does not need a general training, that the principal part of the work consists in instructing patients in regard to the treatment and prophylaxis, and that a thorough knowledge of the care of general diseases is unnecessary,—but such is not the case.

Tuberculosis, as a single disease or condition, is not hard to treat; it is when complications of other diseases and conditions develop or are the predisposing causes, that the patient suffers more and the nursing is difficult, hence the necessity for a nurse to be trained in general nursing. The so-called "tuberculosis attendant" has not sufficient knowledge to meet all the demands made upon a nurse caring for these patients, neither has a nurse trained in a general hospital the necessary knowledge to meet all the demands made upon her when caring for a far-advanced, complicated case of tuberculosis. When it is understood that tuberculosis is not only a disease, but also a system condition, with a hundred types, peculiarities, and complications,

not only physical, but mental and civic, then it should be easy to comprehend that it requires nursing of the highest order.

A nurse who has completed a course in a general hospital will do well to take three months of special work in a sanatorium for the tuberculous which has a training school. Three months spent in a tuberculosis hospital or sanatorium, without supervision as to study and class work, will not give satisfaction any more than will public health nursing upon the completion of a general training, without special study of the subject.

Many nurses positively refuse to take a case of tuberculosis, thinking the risk to their health too great, but if they were familiar with the prophylaxis and the special features of its nursing, they would not need to fear. It is without doubt true that more nurses contract tuberculosis while nursing patients who have this disease, but who have not had their illness diagnosed as such, than do nurses working in tuberculosis hospitals and sanatoria.

People have wrong ideas about this disease, thinking there is no hope of recovery for the patient afflicted with it and that he should be shunned for fear he will spread infection. The patient may recover, and he need not be a danger to any one, if he is taught how to properly care for himself. The day is not far distant when the public will know the true facts about tuberculosis, but it is sad to meet people now who say, "If only I had known how to have cared for myself before it was too late."

If nurses who have had general hospital training could be brought to realize how useful they might be in this work there surely would be more to enter the field.

The schools that give this special training are sending out nurses well trained in this subject, but they are handicapped because they are not recognized or allowed state registration through affiliation with general hospital schools. It is a general supposition that these schools are deficient in their curricula, but most of them have a thorough theoretical course in the subjects in which they cannot give any practical experience, and there is no reason why their students should not acquire it by affiliation with general hospital schools. When one considers all the various diseases and physical conditions that are predisposing causes or the result of tuberculosis, then one should comprehend how much experience may be obtained in nursing patients in these institutions. The majority of nurses who take tuberculosis training find it very interesting and soon become enthused in their work when they find the possibilities are so great and the field so large.

## BETTER MOTHERS

BY WILLIE CARHART MOREHEAD

*Stuart's Draft, Virginia*

It has long been a matter of serious conjecture with me, if it were not putting the cart before the horse to talk so much of better babies, while we hear practically nothing of better mothers, for how can we expect better babies before we have better mothers?

Whenever a woman is faced with the necessity of going forth and making her own livelihood, the first question she asks herself is, What can I do? and whatever position she aspires to, whether that of cook in someone's kitchen, or a big salaried position of grave responsibility, she knows that when she applies for this job, she must produce satisfactory evidence that she is qualified for the position before she can hope to be entrusted with the particular work. And yet when you or I are selected for the biggest, most vital place a woman can aspire to, Wifehood, with even possible Motherhood, it never occurs to anyone to question, Is this girl fitted for this job? And why? Because we still cling to the old threadbare, fallacious theory that mother instinct is all the preparation a young mother needs in order to hold the most precious trust God lays upon womankind.

Mother instinct is the greatest force on earth to-day, yet the pet cat, or the family cow, has the same instinct, and should not we, as intelligent human beings, rise above this and produce the greatest force the world could ever know, trained mother-instinct?

Germany has a law that all girls and mothers must be trained for motherhood. The world is past believing that Germany is capable of doing anything with a desire to uplift humanity; this law surely sprang from her desire to increase the power of the nation, by safeguarding her future population. Whatever the selfish motive behind this law, it seems to me we would do well to adopt a similar one for our country. Think of the thousands of lives that would be saved, which are now needlessly sacrificed through the gross ignorance of our young mothers.

France and England are rapidly realizing the vital necessity of the protection of their young and are making great strides towards this end, while we Americans who are, or think we are, the most progressive nation on earth, cling to the old suicidal theory about mother instinct, with the exception of a few local organizations in the big cities.

Who of us has not known a young prospective mother, in whom mother instinct is just awakening, who is looking forward along the



vista of years to come, with the realization of how truly worth while life can seem with the young life to plan for, for whom, suddenly, the bright vista is changed by premature birth or some other fatal complication? And why? Because through ignorance this woman failed to heed some warning of nature, as she had always been told that nature must take its course!

The words of my old professor in obstetrics occur to me just here: "A woman should be under a physician's observation for ten months, beginning with the first month of pregnancy, on up to the time the baby is a month old, and during that time, if anything occurs which she does not understand, she should not confer with her women friends, but see her physician—at once." If this advice were given to every woman, there would be thousands upon thousands of lives saved each year and fewer broken hearts and empty arms.

Another dangerous and fallacious theory is that any one can assist in a confinement case. Women who are faced with the necessity of an abdominal operation will insist upon having one or two of the best surgical nurses, and the best surgeon, in the most up-to-the-minute hospital, that their means can command; but for a confinement they will be content with almost any doctor and a colored mammy, or worse, the so-called experienced nurse. There is no case where the truth of the saying, "A little knowledge is a dangerous thing" is better shown than with the so-called experienced nurse on a confinement case. The black mammy has at least her own mother instinct to guide her, as well as her life-long habit of obeying orders.

In the abdominal operation there is only one life at stake, while in the confinement case there are two lives hanging in the balance, with the chances for fatal complications doubled and trebled; and then at most unexpected places, arises the absolute necessity of two pairs of skilled hands and two trained minds if both lives are to be saved. If one life must be sacrificed for lack of assistance to the physician, it is always the little life, so full of possibilities, which has been called into being only to be snuffed out by the lack of preparation and forethought, and we are faced with the bitter reflection, "It need not have happened!"

It is unnecessary to go into details regarding what untrained mother instinct does for the poor little waifs, once they have arrived. We have all known of the baby who is fed every fifteen minutes or so, if it happens to cry that often, and the subsequent colic, but the firm idea that a baby is not a baby without colic is accepted, along with the baby! Then the baby that is jounced and bounced, tickled and tumbled, and allowed only about half the sleep it requires, until this most delicately adjusted mechanism in the world is deprived of its

digestive, nervous and mental equilibrium. Hence comes the vast need for school nurses to assist defective children through school.

This is the day of preventive, rather than curative, medicine and surely the logical beginning is with the embryo babies. We twentieth century mothers should set ourselves the task of giving our children and our neighbors' children the advantages we ourselves have not had. The first essential is a firm foundation of sound health. Personally, I should prefer that my daughter should excel with the tennis racket, than with the embroidery needle, for with the out-door sport come good sound lungs, red blood and, better than all else, a well balanced nervous system. Without these assets, no girl can enter upon the limitless strain of a mother's exacting duties, sanely, sweetly and joyfully.

Mothers, teachers and guardians should lay aside the old rusty ideas of false modesty and tell our girls and boys the things they should know, the things they need to know about themselves. It is only in common decency and justice to them that we do this, for forewarned is forearmed.

I often look back to a scene in the big city where I was in training as a nurse, to the bedside of an erring girl, who was giving up her life for the baby to which she had no legitimate right, whose last words were, "O, nurse! my mother never told me anything! My mother never told me anything!"

In my eyes, at least, that young girl was shriven of her guilt and it was laid on that prudish, complacent mother, somewhere in the background, who had sent forth that young life without a weapon to use against the world, the flesh and the devil.

The Red Cross has characterized public health work as the first line of national defence, so let us, as mothers, look especially to that duty, remembering that this line of trenches is also home defence.

The mother who feels that her duty to her children ends with the home is, in my opinion, shooting far wide of the mark, for comparatively little of that child's life will be spent in the shelter of the home, and it is the mother's duty and privilege to look into the conditions in church, school and community, into the spiritual, physical and moral influences which are to surround that young life when it gets beyond the protection of her arms, for we can no more be good mothers without being good citizens than we can be good citizens without being good mothers.

## EXPERIENCES DURING THE EPIDEMIC

### I.

#### INFLUENZA AT CEDAR BRANCH CAMP

BY ANNE L. COLON, R.N., *Newberry, Michigan*

Shall I tell you about how we took care of the influenza in a logging camp in the deep woods of northern Michigan, of the difficulty we had in reaching the patients, and what we accomplished?

No, our big cedar and balsam and hardwood forests, our fresh breezes from the Great Lakes, and our isolation from the crowded districts did not save us from the deadly grip of the epidemic. We read about the big cities, the suffering, and the many deaths, but still sat back; so fearless were we, and so sure of our wonderful healthy climate, that it wasn't until a cry for help came, that we were awakened from our dream.

Our first trip was to Cedar Branch, a camp fifteen miles in the woods. Now fifteen miles in the northland would equal twenty or more in any other place; a mile is a good long distance in Michigan. The roads leading to camp are narrow and winding. There are mud and water and lots of bumps. It is an interesting kind of road where you might expect anything to happen.

The afternoon was clear and bright when I started for camp with the health officer, Mr. Browne. A county nurse can do many things, but I must admit she can't run a machine in the heavy timberland without a driver. I had never been in a big forest before, there is something so wonderful about the trees, years and years old. Mr. Browne told me as we rode along, that every year during hunting season, several men are lost and never found, in these same beautiful woods. After some hard travel we reached camp.

Cedar Branch is a typical logging camp composed of a group of log cabins and tar paper shacks, all built near together in a friendly sort of way. The people are a fearless, careless, wandering tribe, followers of the great out-of-doors with little idea as to home-making and not any conception of sanitation. They have large families which usually live in a one-roomed cabin.

I shall never forget the conditions we found. Influenza was traveling like wildfire through the little huts. There was confusion, suffering, and terror everywhere. The sick and well were all huddled together. In many cases the family had only one bed, so we used rough heavy cloth, sewed the four sides, slit one side in the middle, these we filled with straw and used for extra beds. There was a roaring fire in each house, the windows were nailed down, and the doors shut tight. The people were afraid of a bit of fresh air, and it took

a good deal of tact, and in some cases force, to get air to them. Another of our greatest difficulties was to stop their careless spitting on the walls, on the floor, and everywhere. The way we did check it was to place a tin can on a chair beside each bed and make them use them. These cans were burned each day and fresh ones given. At camps they use a great deal of canned food, so one can always find a good supply of them. We could not get to camp every day, but during our absence we left several responsible women to see that all went well. We saw to it that these women were well instructed, for life and death hung in the balance.

Altogether we had between forty and fifty cases at Cedar Branch, and we lost only one thirteen-months-old baby; that was a better record than at many of the neighboring camps.

When we started back on that first day, the sun was deep in the west behind the cedar swamp and night came upon us quickly. It was a very dark night, we did not have a moon and there was not a single star to light our dark road home. The night was so very black that I begged to take a lantern along. We made very good progress toward home for an hour or more and things went along well. Our lights barely cast a shadow on the road and the lantern didn't seem much help, still we were getting along. While I was thinking about these things, we took a sharp corner, there was a bang, smash, and a sudden stop. Our engine, steering gear, lights, and front wheels were broken. We had missed the road on a curve and dashed upon a stump. It all happened in a second, but we knew we were six miles from Cedar Branch with a broken machine, hungry, tired, and the walking bad. Certainly it was not a good ending for a perfect day, still as one consolation, we had our lantern left.

There was nothing to do but to walk back to camp. Mr. Browne walked ahead with the lantern to light the way and keep out of the mud puddles, and I trudged wearily behind. On through the dark night we wandered; we made a poor attempt at cheerfulness but failed. I noticed that the light from our lantern kept growing dimmer and dimmer and finally it went out. Mr. Browne looked surprised, shook the lantern, and "No oil" was the dry remark that seemed to match admirably the rest of the hard luck of the night. Now the darkness was so black that it was positively thick, and I understood how men could be really lost and suddenly realized the truth of Mr. Browne's story.

Mr. Browne said that it would be bad if we met a bear or a wolf because we didn't have a gun. Oh, horrors! I had never thought of that; it made the cold shivers run up and down my spine and the road under my feet seemed to sway back and forth; I had a sickening fear



that I was going to faint. I fought hard and fast to draw myself together to meet the emergency and I allowed myself to be led on and on, not with a brave and fearless heart, but with that spirit from old New England, "*I cannot fail.*"

I wonder if you realize how awful it is to be really lost in an endless forest when you had been used to brightly lighted city streets all your life. Can you appreciate the feeling of helplessness and loneliness, the fright that makes your heart pound madly? You imagine all kinds of horrible things; your feet are like lead, yet something seems to drive you on, you lose all sense of direction, and yet you blunder insensibly on.

Just when all seemed lost, a light appeared, just a dim and tiny speck shining bravely in the night, but oh, it meant so much. I am sure that I shall never forget that candle in the window which may guide and cheer some poor lone wanderer alone in the night.

Finally we arrived at the camp, and the man in charge took us home in his machine.

And so we fought influenza under most trying conditions. We did not have a trained worker, and our patients and camps seemed hopelessly far apart, still we worked long, hard and tirelessly and felt that we had not only checked the epidemic, but had succeeded in teaching lasting lessons in sanitation and prevention of disease.

## II.

### A TWO WEEKS' ASSIGNMENT

By M. K. B., *Florida*

Although an enrolled Red Cross nurse, awaiting call, when the influenza epidemic started, I went to Southern Division headquarters and asked to be assigned. I was sent to North Carolina, reporting to the secretary of the State Board of Health. From Raleigh, Dr. Rankin sent me to Morehead City, a village of about three thousand inhabitants, situated on Bogue Sound and the Atlantic Ocean. About two-thirds of the inhabitants are fishermen and their very large families. There also is located the home of the North Carolina Ship Building Company, employing at this time about five or six hundred men.

There were three physicians and a small hospital of twenty-five rooms, but this institution was soon filled to the utmost capacity. From the superintendent and her pupil nurses I received the heartiest co-operation, but after a few days, every pupil nurse became ill, and the bulk of the twenty-four-hour duty fell upon the shoulders of the superintendent; the cook developed influenza, and aides could not be had at any price.

A mass meeting was held in the Red Cross rooms where we organized for work. The town was divided into districts, each district having a committee to make house to house calls, the chairman of each committee reporting to me the new cases, and any family needing special care or supplies; I in turn sent a report to each of the physicians, morning and evening. I was on duty nearly twenty hours a day, the first three days after my arrival, and from fourteen to eighteen thereafter, only going off duty when I could no longer stand.

A soup kitchen was established and several hundred people were served three times daily. The Scout Master was ill, but the Boy Scouts rendered aid that can never be forgotten, as the food was delivered by them to the families where there was illness. From the beginning, the physicians, (with the exception of one), the volunteer nurses and I, wore face masks, made and furnished free by the Red Cross.

All schools, churches and moving picture houses were closed. The stores were opened for ten hours, daily, but not more than six people were allowed in a store at a time. Public funerals were not permitted.

In the colored section of the town, there developed very few cases, but the colored Red Cross chapter was active and rendered great aid to its race. An automobile and driver were placed at my disposal by the ladies of the Red Cross, else I could never have accomplished the work I was able to do. Great emphasis was placed on the need of fresh air, cleanliness, and nursing care, in every home that I entered.

The mayor, the ministers, the superintendent of the graded school, his noble wife, and every member of the faculty, responded to the call for aid, and because of their excellent care, the mortality was very much less than it would have been otherwise. We fitted up an emergency hospital in the Center School building, but were unable to use it, as a great many of our volunteer nurses became ill, and we felt that the people could be cared for in their homes by the convalescent members of their families and friends, better than in a hospital with no nurses. Of the three graduate nurses sent to the town previous to my coming, two developed influenza, and the third was called home to care for her immediate family the day after her arrival.

In a home where the income was sufficient to ensure comfort and a few luxuries, we found neither; the children were almost without clothing, scantily fed, and dirty beyond recognition. On Sunday afternoon, the president of the Ship Building Company, with three practical nurses (developed by the influenza) and I went into a house of four rooms that beggars description. Mr. C. removed his coat,

bathed and dressed two men, and helped clean the cottage. In one room lay a woman, the dirtiest white human being that I have ever seen. The husband seemed to feel very little responsibility, although he worked regularly and made \$5.00 a day. A daughter, by a former marriage, lay in a room across the hall, with her ill husband, the two being on a single bed. A son ill with influenza and having an attack of gall stone colic was in another room. With a generous supply of hot water and soap, borrowed from a neighbor, we spent almost the entire afternoon in cleaning the cottage and the people. The beds were bare of sheets and pillow cases, but some new cotton blankets and bed linen were procured for each of the beds from Mr. C. I felt more than repaid for my efforts by the expression on the face of the little two-year-old baby girl, after I had bathed her and dressed her in clean fresh clothes. Her little head was covered with vermin and her dear little body was emaciated for lack of proper food, but she was the only member of that family that escaped the influenza.

Considering the lack of space, it was remarkable that so few cases of pneumonia developed, for the majority of the cottages had only three rooms, a great many of them only two. In one room, the family, consisting usually of from five to eight children and the father and mother would sleep on two beds. The one redeeming feature was the abundance of fresh air, because of the numerous cracks.

### III.

#### INFLUENZA IN A KENTUCKY COAL-MINING CAMP

BY BEULAH GRIBBLE, R.N.

Leaving Chicago on the 9:30 A. M. train, October 24, we arrived in B—— the next noon. This is a coal-mining camp in southeast Kentucky, and is beautifully located among the mountains. A branch of the Cumberland River flows through the valley and the little cottages are built on the narrow level strip of land along the river, and up the mountain sides. These cottages are of four rooms and are very comfortable,—having good light and ventilation. This camp is owned and the mines are operated by one of our large industrial companies. There are 2,500 inhabitants and up to the time the epidemic came, they had been in good health.

We found that the two doctors had been confined to their homes on account of the influenza for several days; they were just returning to their work. Miss F., the nurse, had been doing the doctoring and nursing, working day and night. We could not say enough for one who had worked so faithfully under such discouraging conditions, and although at the time we arrived she was tired and over-worked,



she had not thought of giving up. The estimated number of sick was 600; 200 were employees.

We met that afternoon and divided the camp into three parts, each nurse taking a part. We carried medicines and gave them to the patients as the doctors had instructed us, for it was impossible for them to call at all the homes, so it became necessary to do more than nursing. We gave nursing care as far as possible, and to others we gave medicine and instruction. Our medicines were aspirin, calomel, and castor oil, C. C. pills, or other cathartics.

I called the first afternoon at twelve homes and found from one to six patients in each, all very sick. Their temperatures were as high as 105 degrees in many cases. Conditions were distressing, due not only to the sickness, but to the fact that the doctors could not get to all to give them medical attention. Neighbors helped each other in giving food and general care wherever possible, and in several homes where there was no one to assist, Miss S., the "Y" secretary, sent soup which was made at the "Y" building.

The following day, two doctors came from Chicago, and two nurses from Camp Taylor. That night a doctor from the State Board of Health came, and finding that we had what he considered so much help, he took those nurses to L., an adjoining camp.

Some of the people lived in queer, out-of-the-way places and it was impossible to see them as often as necessary, and in families where every member was sick and there was no one to do anything, other means had to be employed. Therefore, we decided to turn the "Y" building into a hospital, and move the sickest patients there. This building was a most acceptable hospital, having a large entrance hall with a large room on either side. In one room we had the women and children and in the other the men. There was also a room upstairs where we put convalescent patients. On each floor was a toilet room, and on the first floor was a small kitchen. The whole place was very convenient and the Company did everything, sparing no expense in getting good care to their people.

Seventeen patients were brought in on Sunday afternoon, October 27. As there was no ambulance department in the camp, the men went out with stretchers and brought in the patients. In one instance we took in a whole family, father, mother and six children. When I left all had recovered except the two babies, who were slowly improving. Before starting the hospital, there had been only two deaths, a baby and a colored man. Everyone in camp assisted in preparing the building for a hospital. The men cleared out the rooms, scrubbed floors, then brought in the cots, while the teachers cleaned and scrubbed the kitchen and toilet rooms. While they were doing this, the women in



their homes were making sheets, gowns, and numerous other necessary things. Everyone was busy helping.

We then arranged to have Miss M. assist the doctors in the homes, Miss F. taking the hospital day work and I, the night. About this time Miss S., the "Y" secretary, was confined to her bed at the hotel, but the school teachers continued the diet work under the doctors' and Miss F.'s instructions.

Tuesday noon, two other nurses came from Chicago and as we now had 25 patients and more help was needed in the hospital, they gave two hours in the morning, helping with the usual morning work. They then went into the districts, coming back again about 4:00 P. M. to sponge for temperatures or to do whatever was required. On Tuesday afternoon we had a death in the hospital, the only one. The greatest number of patients in the hospital at any one time was 28, but many new cases had developed in the homes. We continued taking into the hospital the worst cases, dismissing others to convalesce at home. I continued doing the night work with the assistance of a colored man, a tall, big-handed teamster who made an excellent orderly. He did a little of everything,—watching patients to keep them in bed, and covered, (especially children), carrying water, bathing the patients' hands and faces in the morning, keeping up the fires. The patients complained of aches and pains, loss of appetite, and they were very restless, lying awake for nights. The disease had an odor quite as characteristic as the typhoid odor.

We could only estimate the exact number of patients, but there were at least a thousand, with only twelve deaths. The people, with the exception of a few, were English-speaking, very pleasant, kind, and appreciative of our efforts. After about eighteen days, conditions had greatly improved, the sick were better, and few new cases developed, so Miss M. and I were dismissed from the nursing force.

The work was hard and depressing, but well worth while. We slept at the town's one hotel, a clean, well kept inn that served excellent food. Every one in town was good to us and eager to help, and after the worst was over, we were glad to have had our share in it.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

### COÖPERATIVE TEACHING IN THE TRAINING SCHOOLS OF ROCHESTER, N. Y.

BY ELIZA P. REED, R.N.

The plan aimed, first, to provide teaching for the preliminary classes in three schools in Rochester (Rochester General, Homeopathic and Hahnemann), at the same time to improve and standardize methods, and to put our teaching upon a more practical working basis. Interest, stimulus, and mutual assistance among the teachers of the different schools were also important factors, and very much has been gained from interchange of ideas and discussion of common problems.

Each school has a resident practical instructor who gives the demonstrations in Practical Nursing, teaches Theory of Nursing, Bandaging, preliminary Materia Medica, and supervises class room and ward practice. A senior student who has shown some teaching and executive ability acts as assistant to the practical instructor, in this way receiving valuable experience for future executive or teaching work.

A supervising instructor, (non-resident), is employed by the three schools. She teaches Anatomy and Physiology, Bacteriology, and Hygiene, giving about an equal amount of time to teaching and supervision in the three schools. The laboratory work in bacteriology in two of the schools is given by the pathologist.

The present three months' probation term seems inadequate for the large amount of work which we require of the students, and the possibility of extending this to five months is being seriously considered. If this is done, it is probable that more time will be given to actual ward practice during this period.

The amount of time given to each subject may be of interest: Practical nursing demonstrations, 34 hours; Theory of Nursing, 18 hours; preliminary Materia Medica, 15 hours; class-room practice, 120 hours; bandaging, 15 hours; Anatomy and Physiology, 60-70 hours, (including 8 to 12 hours laboratory work); Bacteriology, laboratory, 25 hours; theory, 15 hours; Pathology, 10 hours; Hygiene, 15 hours; History of Nursing, 8 hours; Ethics, 8 hours; Dietetics, 30 hours.

A sample class schedule for one week: Demonstrations, Monday, Wednesday and Friday; Theory of Nursing, Monday and Wednesday;

Bandaging, Monday, Tuesday and Thursday; Materia Medica, Tuesday and Saturday; Anatomy and Physiology, Tuesday, Thursday, Friday and Saturday; Bacteriology, theory, Tuesday and Thursday; Bacteriology, laboratory, Friday (3 hours); Hygiene, Thursday; Dietetics, Tuesday and Friday; class-room practice, 2 hours daily.

Ethics is given for one hour each week, during the first eight weeks, and when this and one other subject are completed, History of Nursing is started. The students are on the ward from two to three hours each day, and are given three hours off duty.

A sample day's schedule:

7-8	a. m., Wards
8-9	a. m., Materia Medica
9-10	a. m., Bacteriology
10-12	a. m., Dietetics, laboratory
12:30-1:30	p. m., Wards
1:30-3	p. m., Anatomy and physiology
3-6	p. m., Off duty
6-7	p. m., Wards

With the exception of Anatomy and Physiology, these subjects are completed during the probation term. As this subject was carried over, matters were complicated for the instructor, and in order to carry the double program we combined the classes in Bacteriology and in Hygiene. The classes meet in the different schools alternately for these subjects, so that the visiting is about equally divided between the classes. This plan has worked out satisfactorily, and I believe the classes enjoy the change and the added interest from meeting together.

With the exception of a few minor details, the instruction given in the preliminary course in the three schools is identical. In order to make this, and better methods of teaching possible, the demonstration rooms have been fitted out as ward units, with standard equipment, with utility room, medicine closet, linen room, etc. The equipment corresponds to that in use in the wards, and is kept in the same corresponding location. This means a more workable knowledge for the student, a saving of time for both student and instructor when in the ward, and much more efficient work.

We feel that this is one of the most important factors in teaching practical nursing, that the nurse learns to do a thing in the way in which she will be able to do it in the ward. Otherwise there is confusion of ideas, waste of time, and poor results; an unquestionable lack of economy. This means, of course, that the wards must keep pace with the class room, that one should advance with the other.

Just as soon as the student has mastered the technique of a certain procedure in the class room, she is allowed the first possible opportunity to practice this in the ward, under the supervision of the instructor or her assistant. The student is then considered qualified to carry out this procedure. Reviews, tests, and examinations are given in practical work, as in the other subjects.

Dietetic laboratories have been equipped, making possible the proper teaching of this subject. Laboratories for bacteriology and anatomy are equipped simply, but adequately, where the students can do individual work. A very excellent and practical laboratory course is given in bacteriology. The nurse learns the meaning and value of good technique, the proper handling of sterile materials, and the care necessary to prevent infection. She makes culture media, sterilizes, grows her own cultures, makes tests for bacteria in air, water, milk, dust, and on hands, she learns the use of the microscope, and the meaning of certain common diagnostic tests.

Excursions are arranged that correspond to the work in bacteriology and hygiene, and include visits to the city water supply, garbage disposal and incinerating plants, pasteurizing plants, to the fresh-air school, the dental dispensary, and other places of interest.

In connection with her class work in bacteriology, each student makes a report on some subject of interest to the class. These reports are read in class, where questions may be asked, or criticism offered. Such subjects are: The Local Board of Health, Methods of Milk Production, Sterilization, Practical Value of Bacteriology to the Nurse.

Most interesting and satisfactory are the practical applications made by the class in the subject of Anatomy and Physiology. I do not think this would be possible if the pupils were kept off the wards for this preliminary period. The opportunities for observation make possible the application of knowledge gained in the class room.

Conferences are held each week, where the instructors discuss problems and exchange ideas. Classes are visited, methods and results observed, and later discussed. In order to keep in touch with the administrative problems, we frequently meet with the superintendents of the schools; this close coöperation with the administrative side is essential if good class room work is to be accomplished. Along with definitely technical subjects, such problems as courtesy, coöperation, and appreciation, have received attention.

With the prevailing high prices, the cost of equipping a class room might appear excessive, but when the results obtained are carefully considered, it leaves no room for doubt but that the increased efficiency of the nurse more than offsets the necessary expenditure. One demonstration room in use before the period of high prices,



received added equipment this last year, to bring it up to the ward standards, at an approximate cost of \$400.00. This room is a ward unit with six beds, one crib, the regulation number of chairs and bed-side tables. Included in this estimate is the utility room with its furnishings, the medicine closet, linen room, and a large table with trays equipped for the different nursing procedures.

In another school, a large basement room was used, which necessitated installing heat, water, gas, and lighting, at an approximate cost of \$500.00. Furniture included six beds, chairs, bed-side tables, desk, and cabinets,—\$500.00; general equipment, \$300.00; making a total of about \$1300.00 to \$1500.00. The result is a very desirable class room, well lighted and ventilated, and large enough for lectures (desk chairs are included in the furnishings), demonstrations, and general class work. The bacteriology laboratory in one school was enlarged and equipment added, at a cost approximating \$300.00. The smaller laboratory had been equipped about three years before, at a cost of from \$150.00 to \$200.00. This of course is the initial cost, and with a small expenditure each year they can be kept in good working order, where real teaching can be done.

#### HOW THE VISITING TEACHER CAN HELP SOLVE THE PROBLEM OF TEACHING IN THE SMALLER SCHOOLS

BY FANNY HOWE SANFORD, R.N.

Six years ago there was one visiting teacher of nurses in New York, not long after another nurse started the same work in Boston. To-day there are four visiting teachers in and around New York, with demand enough for another, and Boston is also ready for at least one more. The work is spreading to other parts of the country and is proving a very practical solution for some of the teaching problems of the smaller schools particularly.

*Advantages to the school.*—To the school there are several advantages in this method of instruction which are worth consideration. The institution does not have to give up valuable space in the nurses' hall to a teacher, does not have to launder more white uniforms, nor feed an extra person, except for an occasional meal. Moreover, in the case of the small, or hundred-bed hospital, for example, there will not be enough pupils or classes to require the full time of a trained teacher. The cost of hourly instruction, in such a case, would be smaller than an adequate salary, not counting the further saving in maintenance. Also the nurse instructor is on time, which cannot always be said of the physician who lectures to the nurses in many subjects,—in some schools, in all subjects.

*Disadvantages to the school.*—While some superintendents of nurses arguing in favor of a resident teacher, believe that she comes to know her pupils better by familiar and frequent contact, I am very doubtful if this is the case. It seems as if the pupils often work harder for classes with an instructor who comes once or twice a week, and that they are just as ready to come to her with their difficulties of both theoretical and practical work, as well as with more personal problems. There is one possible disadvantage to the school, namely, this: because several classes must be given on one day or two days, the question of adequate ward relief at that time makes it unfair to give half day free time to the pupils on those days. This matter is, however, not impossible of adjustment, and is rather a question of first thinking in terms of an educational institution, then making a good adaptation.

*Advantages to the teacher.*—The advantages to the teacher are many. She is able to have a good measure of home life and personal surroundings, with more normal companionship. For those who dislike private duty and are weary of years of institutional routine, this alone is an important factor. There is no doubt but that the home influence contributes largely to a sane and normal view-point on the part of the teacher and makes her contact with the pupils a great asset to them during the time that they are necessarily part of an institution. Two or three of the visiting teachers are able to support relatives and live with them, which is sometimes a very desirable thing. As to the salary earned; at the rate of \$4.00 an hour, which seems a reasonable charge, from \$1800.00 to \$2500.00 is a fair estimate for the school year of thirty-five to forty weeks if the teacher is kept busy most of the time. The element of monotony which may become apparent to the resident teacher is entirely absent from the work of the one who goes about to different schools. Then the two or three months' leisure in the summer for vacation, for visits with friends, or for a course in a summer school, is a great advantage to the woman who chooses this special line of work.

*Disadvantages to the teacher.*—There are some disadvantages to visiting teaching from the point of view of the teacher, especially if she has several suburban schools, each in a different town. These may require as much as eighteen hours of travel weekly, to accomplish the eighteen hours of teaching. There are some special problems, too, connected with the visiting teacher's work. Possibly she is not everywhere considered an integral part of the staff, and less heed is paid to her recommendations. At a recent round table discussion one instructor complained of a case which seemed unusual, but was not confined to only one school of nursing. Last year two pupils failed

to pass their course in Anatomy and Physiology,—an understanding of which is essential to all practical nursing procedures, as well as to more advanced classes in the curriculum. To the teacher's recommendation that these pupils be obliged to repeat this work and pass the examination before being allowed to graduate, no attention was paid. Instead of finding these young women in her classes, in these same schools, again, this winter, she has returned to find that they have been not only allowed to graduate, but are holding head nurse positions in their own hospitals. What a poor example to the undergraduates in those schools whose estimate of the importance of their studies has been inevitably lowered. Should the teacher refuse to keep these schools? It is a decided temptation, especially where requests come for her to work in schools of higher standards. Probably a greater appreciation of the trained teacher and a deeper recognition by the superintendent of the need of education of the nurse would bring about a more just solution of this problem.

It is extremely difficult to teach a comprehensive course in bacteriology without the use of one or more good microscopes. As yet the small schools have not found it possible to make a satisfactory provision in this regard. True, they have access to the one microscope in the laboratory, if the pathologist or internes are not using it, but it is frequently not in good condition, the light is poor, and a great deal of time is wasted while a class of fifteen look in turn at three or four slides placed under one instrument.

Most visiting teachers use specimens which can be obtained from the butcher to illustrate the course in anatomy and physiology. If one leaves a written order with the superintendent of nurses, a week in advance, for such a specimen, it is natural to feel that responsibility in the matter is at an end. How many times such specimens fail to appear! It is a grievous trial, and spoils the most effective carrying out of a well planned lesson. If the instructor brings a calf's brain herself, for instance, two weeks in advance, and gives it to the senior pupil to have it hardened in formalin, it is both tragic and funny to learn that it has disappeared. The second brain was found covered with creosol, through forgetfulness on the part of the same pupil who lost the first specimen. In another school the cook had started cooking the kidneys just as the class began. In still another, a specimen of lungs and trachea was thrown away, as no good, by the same mistress of the kitchen. The hospital dietitian, on hearing of the lack of the desired specimen, offered to lend the sweetbreads she had for her class on the same day, because they showed a piece of trachea. The visiting teacher found on inspection, that the supposed "trachea" was nothing more than the aorta or a piece of oesophagus!

A great deal could be said on the subject of class rooms, their arrangement, lighting, ventilation and equipment. They vary all the way from good, to small and poor, or consist of nothing but chairs in the reception room. Of all classroom equipment, perhaps the blackboard is most important. A teacher complained in the middle of the winter in the most poorly equipped school, that the blackboard (on standards) had no pins to steady it, was uneven and poor in surface and that the white chalk would show hardly a scratch. Imagine her surprise on learning that they considered it in very good condition,—it had been painted over a year ago! By contrast, in another school, also connected with a hundred-bed hospital, a blackboard the size of a newspaper was replaced, early in the fall, by an excellent stationary one, four feet high by ten feet long.

In going about to the different schools, we have been impressed by the lack of reference libraries. It is better to have a dozen good recent scientific books than a hundred dating back many years, the gift of some retired member of the physician's staff. We know of two small schools that asked the instructor to recommend a list of books, costing from \$75.00 to \$100.00. They were bought early in the year and have been used by the pupils to great advantage.

In spite of problems, fatigue and difficulties, there has been a large measure of interest and a great deal of valuable coöperation on the part of the superintendents in the work of the visiting teacher. We feel that this work is of limitless scientific and human interest to the teacher, and is of unquestioned value to the pupil nurse and the schools of nursing.

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#### NUTRITION NOTES FOR SCHOOL NURSES

A pamphlet with this heading, issued by the New York State Department of Education, has practical suggestions regarding proper food for children and gives tables of comparative height and weight for girls and for boys. The pamphlet was prepared by Mary G. McCormick, Supervisor of the Nutrition of School Children.



## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

BY CLARA D. NOYES, R.N.

*Acting Director, Department of Nursing*

### THE RED CROSS CHAUTAUQUA PROGRAMME

"For a healthier, happier America of to-day and to-morrow," twenty-four Red Cross Nurses have been secured by the Department of Nursing who will go out on the various Chautauquas which cover the length and breadth of the country to proclaim a gospel of public health. This list of speakers holds many names which are familiar to readers of the JOURNAL. Etha E. Pearce, a graduate of the Presbyterian Hospital, New York, who will speak on the Redpath New England Chautauquas, has for eighteen months been Director of L'Ambulance Americaine, Neuilly, Seine et Marne, France, and for five months, Director of the American Red Cross Hospital at Paris. Mary K. Nelson, a graduate of the Union Hospital, Fall River, Mass., and later Superintendent of the Highland Hospital, Fall River, went overseas with the Yvetot Unit in 1915 as Supervisor of American Red Cross Nurses at Hospital Auxiliaire, No. 43, Bis, Saint Valery-en-Caux, and again accepted foreign service as a member of the Army Nurse Corps in April, 1918. Miss Nelson will speak on the Redpath-Vawter Circuits, which operate from Cedar Rapids through northern Missouri, southern Minnesota, and South Dakota. Two nurses who have accepted Chautauqua assignment were members of the Red Cross Commission to Italy. Mabel Fletcher, a graduate of St. Luke's Hospital, New York, who has served as Supervisor, Opd. Ward, Mt. Sinai Hospital, New York, and later as Superintendent of Nurses of the New Haven Hospital, Connecticut, served with the Red Cross at Milano, Italy. Mrs. Jane T. Dahlman, a graduate of St. Luke's Hospital, New Bedford, Mass., who was District Nursing Supervisor, Boston, has just returned from doing public health nursing in the devastated Piave sector under the Red Cross Commission to Italy. Mrs. Dahlman's public health training was received at Teachers College, Columbia University, New York. Two Red Cross nurses went overseas with the Presbyterian Hospital Unit, which was assigned to the British Expeditionary Forces. Louise M. Marsh will speak on the Standard Chautauquas covering the Missouri River Valley; and Mrs. Lydia H. Breaux, a graduate of the New Orleans Training School for Nurses, and later transferred to the Presbyterian

Hospital Unit No. 2, will speak on the Radcliffe Chautauquas through the south and far west. Edith Madeira, a graduate of the Johns Hopkins Hospital Training School, and later Superintendent of the Visiting Nurse Society at Harrisburg, Pa., and Waterbury, Conn., has just returned from Jerusalem, where she has been Chief Nurse of the Red Cross Commission to Palestine. Miss Madeira will speak on the Coit-Alber Circuits which go through the middle west. Florence Bullard, a graduate of St. Mary's Hospital, Rochester, Minn., served with the American Ambulance Hospital, Neuilly, Seine et Marne, France, and has received the Croix de Guerre and citation for "imperturbable sang froid under the most violent bombardment during March and May, 1918." Ida F. Butler, a graduate of the Hartford Hospital Training School, Connecticut, who has recently returned from Lyons, France, where she organized two Red Cross hospitals for the acute diseases of children, will speak on the Community Chautauquas operating from Green Castle, Indiana. Josephine Mulville, a graduate of the Massachusetts General Hospital, and later Assistant Superintendent of Nurses, Brooklyn Hospital, New York, served as a member of the Massachusetts General Hospital Unit attached to Base Hospital No. 6, A. E. F. Bessie Baker, a graduate and later Assistant Superintendent of Nurses of Johns Hopkins Hospital, was Chief Nurse of this Base Hospital Unit assigned to the A. E. F. Gertrude H. Bowling, also a graduate of this training school, served with Miss Baker in France. Elizabeth Walsh, a graduate of the Peter Bent Brigham Hospital, Boston, Mass., went overseas with the Harvard Unit, in 1917, and with the British Government cared for the American and English troops on the Western Front. Isabelle Byrne, a graduate of the Roosevelt Hospital, New York, served as a member of a Mobile Operating Unit under the A. E. F. Edith Ambrose, a graduate of the Presbyterian Hospital, New York, with public health training at Teachers College, and in social service at Boston, was assigned to special duty with the Red Cross overseas in caring for shell-shock patients. Elizabeth Hunt, who has had nursing experience in Paris and Rome before the war, and has done public health nursing in Kentucky, was Chief Nurse of the Edgewood Arsenal, where she had charge of many patients suffering from mustard gas and liquid fire burns.

"In a little town where there aren't any sidewalks, and where they let the pigs run about the streets, but sell Paris perfumes at the drug-store," writes a Red Cross nurse now on the Chautauqua platform, "you would have been touched by the response of my audience. Many of these women work all day in the mills, others come in so tired looking, with babies in their arms, and young children tugging at their

skirts, while one girl, hardly more than eighteen, living far back in the hills, who had just lost her little baby, was eager to hear about anything which might help her with her little boy."

#### RED CROSS CONFERENCES AT CANNES, FRANCE

Lillian D. Wald, Director of the Henry Street Settlement, Honorary President of the National Organization for Public Health Nursing, and a member of the National Committee on Red Cross Nursing service, will represent the Red Cross Nursing Service and the Federal Children's Bureau at the Red Cross Conferences at Cannes, preliminary to the Geneva Convention. Carrie M. Hall, who has been Chief Nurse of the American Red Cross in France, will also be present at these conferences, and Mary S. Gardner, who is being relieved in Italy by Edna L. Foley, will attend. It was hoped that Miss Delano might have been present, but an unfortunate setback following her operation at Savenay has made this impossible.

#### RED CROSS BUREAU OF INFORMATION FOR NURSES

A meeting of the Joint National Committee of the three national organizations of nursing was held at the office of the Atlantic Division, American Red Cross, March 10, 1918. This committee is composed of the following members:

Representing the American Nurses' Association, M. Adelaide Nutting, Susan C. Francis, Clara D. Noyes; representing the National League of Nursing Education, S. Lillian Clayton, Anne W. Goodrich, Amy M. Hilliard; representing the National Organization for Public Health Nursing, Mary F. Beard, Ella P. Crandall, Lillian D. Wald.

At this meeting, Florence M. Johnson, Acting Manager of the Red Cross Bureau of Information for Nurses, reported that up to the present time, "1,068 nurses had been released from the military service, and had reported to the Red Cross Atlantic Division Office. Of this number, 866 were members of the Army Nurse Corps, 200 were American Red Cross Nurses, and 2 were members of the Navy Nurse Corps. Of this total, 65 were returning to private duty, and 976 were referred to the Bureau of Information." Yasabella Waters, the representative of the Red Cross and of the National Organization for Public Health Nursing, then reported on the Public Health Division of the Bureau as follows: "The Public Health Nursing Division has, during the 22 days of its existence, been in communication with 198 nurses; 122 who have desired general information on public health nursing and the positions in the field, have been personally interviewed; and 76 have applied by letter; 157 organizations have written

us to supply their various needs, 69 of which requests were received before the Public Health Division was really opened; 236 letters have been written in acknowledgment or explanation of the various requests, and 42 states were represented, also Prince Edward Island and Canada. The organizations which have asked for the cooperation of the Bureau of Information in securing nurses, cover almost every field of public health work,—State and Municipal Boards of Education and Health, Visiting Nurse and Infant Welfare Associations, hospitals desiring nurses for their social service departments, Red Cross Chapters, State and Municipal Anti-Tuberculosis Associations, and Missions, Industrial Corporations, and the United States Public Health Service." Miss Waters, whose resignation as Acting Chief of the Division of Public Health Nursing has been accepted with regret, will be succeeded by Jane E. Hitchcock, a graduate of the New York Hospital and formerly Superintendent of Nurses of the Henry Street Settlement, New York City. R. Inde Albaugh reported upon the Division of Student Nurse Assignment and Institutional Nursing. 120 training schools have applied for students, and approximately 400 names have been received, 390 of which have been referred to 75 training schools.

Constant mention is being made in the New York newspapers regarding the return of nurses from military service and especially of the landing of the important Base Hospital Units. It is regrettable that the 27th Division Parade did not have its corps of nurses in the line of march. Seats were assigned these nurses on the grand stands. Plans are now under consideration whereby memorial meetings may be held, somewhat later, to commemorate the services of nurses during the war, and it has been suggested that a special day might be set apart for this purpose.

#### U. S. PUBLIC HEALTH SERVICE

Lucy Minnigerode, whose name is well known to readers of the JOURNAL, as Inspector of Marine Hospitals under the U. S. Public Health Service, has been appointed Superintendent of the newly-created Public Health Service Nurse Corps. Miss Minnigerode, who is a graduate of Bellevue Training School for Nurses, New York City, was Chief Nurse of Unit C of the Red Cross Commission to Kief, Russia, in 1915, and since our participation in the war, has served in the Bureau of Field Nursing Service at National Headquarters. The following assignments have been made to Marine Hospitals: Memphis, Tenn. (Marine Hospital), T. Catheryn Armstrong, Chief Nurse, and two nurses; New Orleans, La. (Marine Hospital), three nurses;



Cairo, Ill. (Marine Hospital), Helen Cust, Chief Nurse; U. S. Government Hospital, Augusta Georgia (Camp Hancock), four nurses; U. S. Government Hospital, Houston, Texas (Camp Logan), four nurses; Boston, Mass. (Marine Hospital), Linda K. Meirs, Chief Nurse; U. S. Government Hospital, Palo Alto, Calif. (Camp Fremont), Annie Broadbent, Chief Nurse, and two nurses; Pittsburgh, Pa. (Marine Hospital), Ellen G. Cartledge, Chief Nurse; Baltimore, Md. (Marine Hospital), A. Maury Carter.

#### ASSIGNMENTS TO FOREIGN SERVICE

The Department of Nursing has been called upon to furnish 140 nurses and 40 Czech-Slovak nurses' aids for service under the Red Cross Commission to Siberia. It was first planned that these nurses should go to Vladivostock as one unit, but difficulties in securing transportation have necessitated that they be sent in small detachments. The following nurses and one nurse's aid sailed from San Francisco on the *S. S. Willis*, March 29th: Sallie Byrant, Gertrude Brandon, Miriam Lewis, Esther Olsen, Mary Wold, Grace Harrinton, Virginia Thomas, G. Elizabeth Wilson, Clare McEnery, Lucy Carter, Maud Ella Moody, Vena Sherrer, Ruth Watson.

On April 12th a second group will sail. Nurses, Mary D. Barnes, Rhoda Prickett, Esther Peterson, Vera Allen, Maude Kellam, Nora Ryle, Minnie Blake, Mary Reynolds, Rose Scheffer, and five nurse's aids.

After these nurses arrive at Vladivostock, they will have to travel over 5,000 miles on the Trans-Siberian Railroad before they reach their destination at Omsk.

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#### IRENE BYRON TUBERCULOSIS HOSPITAL

Irene Byron Tuberculosis Hospital is the successor and outgrowth of the Fort Wayne Recovery Camp at Fort Wayne, Ind., which was composed of an old six-room frame farmhouse and fourteen Burr cottages.

Because of the remarkable results obtained with these inadequate facilities the county officials were induced to make a more liberal provision. One hundred thousand dollars were appropriated for the construction of the above hospital and \$42,000 per year for its maintenance.

This is the first tuberculosis hospital so far as is known to be named for a nurse. Irene Byron was for years an active tuberculosis worker and executive secretary of the Fort Wayne Anti-Tuberculosis League. She helped to plan the institution, but after war was declared joined the Red Cross and lost her life in the service.—Bulletin of the National Tuberculosis Association.

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK, R.N.

### PUBLIC HEALTH IN GREAT BRITAIN

An event of the utmost importance for the public health and of great moment to the nursing profession, is the creation of a Ministry of Health for England, Scotland and Wales. Included in the provision of the bill, which is practically certain to be passed, is a clause saying that it shall be lawful for consultative councils to be formed, these councils to be formed of men and women, to advise or assist in the practical matters coming up for consideration in the course of various health campaigns.

The ministry of health, as planned, will take over the functions now being discharged by various official bodies. It will have the School Nursing, the Infant Welfare Work and Pre-natal Care of Mothers, the administration of the Midwives Act, and extensive powers in regard to public hospitals and other institutions. It will thus be, doubtless, the official head and employer in the future, of armies of nurses, the more so as it will undertake new preventive lines of health conservation propaganda and education. The immediate outlook for nurses under the new Ministry of Health is, however, quite perplexing, as the war has brought into being large numbers of volunteer nursing aids (the V.A.D.'s), many of whom belong to influential circles, and the friends of the volunteers are now pushing hard, the war being over, to place them in public work.

The Royal British Nurses' Association has this to say to English nurses:

By the absence of an adequate supply of fully qualified nurses to meet civilian needs, numbers of very inadequately qualified people have got themselves seated firmly in the saddle, and the latest development is the proposal of the British Red Cross Society to provide specialists, if one may so describe them, to take over a great part of the grand field of preventive work which we had looked forward to as the heritage of those who have qualified themselves by years of arduous training to undertake such work. Never was there clearer proof, if it were wanted, that one chairman, however well intentioned he may be, cannot serve bodies which have rival interests.

Time and again we have advised our trained nurses to take one or other of the various examinations in Public Health work, as it seemed likely to prove, in the near future, the most valuable of any branch of special training to the nurses; and now the Chairman of the College of Nursing is one of the chief promoters of a scheme to secure for his V.A.D.'s this magnificent field of work, for which a knowledge of nursing, as acquired in a military hospital, provides no experience whatever. We note that the suggestion has been made that in every village

throughout the land the "village nurse," herself with but a few months' hospital experience, shall work in coöperation with a V.A.D., and that poor mothers and babies in rural districts shall depend upon these insufficiently trained women for guidance and care!

It is only by active coöperation as individuals that the nurses can save the situation, and one has but to look down the list of advertisements for nurses to see how serious their economic position is. If the nurses would but develop the creative power that is in them, although in all too many cases it has been stunted somewhat by lack of freedom and free will, by the fostering of the group soul instead of a spirit of self-determination in hospital life, they would soon have the helm of the future of their profession in their own control.

These words point to rather an ominous situation at present, yet we would not encourage English nurses in feeling disheartened at this prospect, for a brief experience will prove the inadequacy of the ill-trained woman and the need of the thoroughly trained. Volunteers themselves, if they are of the right stuff, will realize their deficiencies and will take a full training. The amateurs of to-day are the professionals of to-morrow.

#### HOURLY NURSING IN AUSTRALIA

There is in Australia a visiting nurse association to give hourly care to paying patients, of which *Una* says:

This association now rests on a sound business basis, and an excellent scheme for the extension of the work has been carried into effect. Hitherto the nurses have taken up the work at their own risk without any assurance against financial loss, and by the courage, determination, and loyalty of the majority they have built up an institution of great patriotic value.

In the future, however, each visiting nurse appointed by the association will be assured an income of three guineas a week, individual effort being conserved by the nurses retaining for themselves the full amount paid by them in nursing fees, which will give them an opportunity of sometimes making more than the assured three guineas a week. A percentage on the work they do and an annual membership fee will be paid into the Treasury of the association, from which they are subsidized in the event of not making their full fees.

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#### NOT HEREDITARY, NOT CONTAGIOUS

It is comforting to remember that the present verdict of science regarding cancer is that it has not been proved to be hereditary. Moreover, it is a cheerful consideration in this connection that cancer, being, as it is, one of the diseases of later life, does to a certain extent go hand in hand with longevity.

Another encouraging thing to remember about cancer is that it is not contagious. In spite of the enormous number of cancer cases throughout the country we do not know of a single proved case of contagion. On the other hand we have many reasons which practically amount to proofs that it cannot be transmitted. Nurses and others who are obliged to care for patients afflicted with cancer need have no fear of contracting the disease through their labors.—From *Campaign Notes*, American Society for the Control of Cancer.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators:* Mary A. Mackay, Denver, Colo., and Helen LaMalle, Metropolitan Life Insurance Company, New York City.

*New York City.*—Henry Street Settlement has opened a teaching center sub-station in a former saloon, situated at 125th street and Amsterdam Avenue. It is also very well and attractively equipped as a maternity and baby center. The New York Diet Kitchen Association has a local milk station in one of the various rooms, thus insuring close and prompt work between the two organizations. The Red Cross has appropriated \$75,000 for the training of student and graduate nurses for the public health nursing field. The theory is being given at Teachers College and the practical work is done from this center, under the supervision of the Henry Street staff.

*Brooklyn.*—The District Nursing Committee of the Brooklyn Bureau of Charities, will soon be incorporated as a separate agency to be known as the Visiting Nurse Association of Brooklyn. Its work dates back to 1888, when a group of citizens formed a Red Cross Society to give lectures in First Aid. Eight classes were held during the first winter. In 1889 permanent headquarters were established. Soon after this, the Red Cross Society voluntarily became a committee of the Bureau of Charities. The work has grown steadily, and as the committee has for years been self-appointed, self-supporting and self-governed, the feeling has also grown that the work could be better expanded if the separation were made. There are now forty-five nurses on the staff. A Ford coupe, for the use of the nurses in the outlying districts has recently been given the association. In addition to the general visiting staff, a special group of nurses looks out for the needs of more than 1,500 cripples; 800 of these are infantile paralysis after-care cases. Six student nurses from two local hospitals spend four months of their senior year in the work. In Brooklyn, during the recent epidemic, the Department of Health nurses divided the field with the visiting nurses, and both groups gave bed-side care.

*Washington, D. C.*—The editor of this department has been approached recently by half a dozen nurses who were most apprehensive lest the American Red Cross were planning to swallow up or disorganize already established efforts in public health nursing and relief work. In a recently published bulletin of instructions, the Red Cross states the following policy:

### THE POLICY

5. *It is not proposed to initiate public health nursing activities in communities where agencies exist for this purpose, unless to cooperate with or aid the established agencies.*



6. The American Red Cross seeks only to develop the public interest in public health nursing activities. It does not seek to retain permanent supervision of these activities and will welcome state or municipal assumption of supervision and control of all public health nursing services.

#### GENERAL POLICY

3. The Red Cross proposes to initiate public health nursing service only in localities where there are no existing agencies for that purpose, and where none is immediately projected by any other state or national organization. The Red Cross also desires to cooperate with other organizations already in the field and to render the fullest measure of such cooperative service. It does not seek to supplant or compete with any existing service or organization, or to initiate any program which will conflict with the plans of other organizations. The Red Cross rather seeks to aid other agencies with the ultimate purpose of securing the widest possible development of the public health nursing service through the properly constituted state and local organizations.

4. Because of its extensive Chapter organization, the Red Cross feels that it is able to promote the establishment of these activities in territories which otherwise might not be able to introduce such a service for some time to come. By this development the Red Cross may make a distinct contribution to the progress of public health nursing throughout the country.

Ours is a big country. A few large centers may be seemingly overcrowded with social agencies, but there are vast areas as yet unpenetrated by constructive, lasting effort. Surely there is ample territory and opportunity for all of our federal and national agencies to render service, and nurses and relief workers should be the last to listen to and repeat false rumors of what the Red Cross is said to be planning to do.

*Kentucky, Louisville.*—The Annual Report of the District Nursing Association of Louisville shows that 75.5 per cent of the total visits of the year were nursing visits. The Association averaged ten nurses on the staff throughout the year. The special emphasis placed by the Louisville Association on home nursing care given to the patients is particularly gratifying in view of the fact that so little importance is being conceded now-a-days to this branch of public health nursing. Nurses are daily being graduated from hospitals, so young and immature and inexperienced that they can't conceivably do good social or instructive work for years to come, unless they do it in connection with their nursing work. It is unfortunate that certain types of public health nursing lend themselves so easily to this somewhat overrated kind of endeavor. The old district nurse who remarked that the individual as a member of his family came first and was at least of equal importance with the other members of the family, paved the way for all our present forms of public health nursing and we weaken its future if we pay so little attention to carefully done nursing work by young women who are not trained to do anything else. Nurses

who want to do nothing but instructive or social work should be as carefully prepared, as instructors or social workers, as they were being prepared to become good nurses. Simply preferring to instruct or to solve social problems rarely makes the individual equal to the task of doing either well.

**Missouri, St. Louis.**—The Municipal Nursing Board of St. Louis has asked the Board of Appropriation and Estimates for \$39,395.00 for its work in 1919, and the establishment of ten modern municipal centers for child welfare. At present the Municipal Nursing Board is caring for about two thousand babies and two thousand three hundred tuberculosis patients.

**Kansas City.**—The 27th Annual Report of the Visiting Nurse Association shows that a staff of fourteen nurses made over 33,000 visits in homes representing 25 different nationalities. This Association is another organization which has instituted an hourly nursing service. Eight of the nurses left for active service during the year and the entire present staff are either enrolled Red Cross nurses or have applications in as Home Defence nurses.

**Minnesota.**—A Nurses' Refresher Course was held by the Minnesota Public Health Association from December 30th to January 4th for all the demonstrator nurses of the organization. The program included many interesting talks and discussions on various public health subjects, but probably one of the best remembered and most helpful ones was given by Dr. H. W. Hill, Executive Secretary of the Association, on "Important Points in Public Speaking." This is reproduced in full for the use of other public health nurses who know so little about public speaking and who yet are being asked and expected so constantly to collect their thoughts and speak on a moment's notice. Our thanks are due to the *Minnesota Public Health Association Journal*, from which we borrowed the following talk:

#### IMPORTANT POINTS IN PUBLIC SPEAKING

1. Speak to be *heard*. Pick the furthest distant member of the audience, back of room or top gallery, speak so *they* can hear, then the rest will hear, too.

2. *Begin* with something, anything, that will rivet attention on yourself, and proceed to hold the attention. If your audience becomes inattentive, *stop*; your usefulness to that audience is ended.

3. Enunciate *clearly*, and *slowly*, as well as *loudly* enough to be heard. Remember, you are giving material *you* are familiar with; you can race through it intelligently; but it is new to your hearers, and they must get it slowly or not at all.

4. Inflect the voice as if you were addressing one individual in private; use language as direct and forceful as you would in private; talk to the audience as you would talk to any good individual friend, simply, energetically, cordially, emphatically. Use appropriate gestures; tell apropos stories with a definite and very clear point, definitely humorous or definitely pathetic, and act the story by gestures if possible.

5. Tell your audience things to do; if you tell them "don't's" only, it leaves them in a negative state; if you tell them what "should be done" it leaves them as spectators, agreeing with you, but not acting.

6. Be brief: twenty minutes is quite enough; give a very few definite figures or facts, and these very clearly and definitely. Long statistical statements are extremely confusing, are never remembered, and are useful only to impress the audience with the fact that such figures have been obtained; they do no other good. Such long statistical statements are extremely useful if introduced into an article for publication; they are useless in a talk.

7. Try to "get over" one idea clearly, definitely, in not too much detail, for details will not be remembered. *Two* ideas in one address is the maximum one should try to put over.

8. Always invite discussion; always get some action, a committee appointed, a resolution passed, something started that will continue after the meeting has broken up.

9. The worst habits a speaker can have are: (a) Speaking in a voice that cannot be clearly heard. (b) Drawling, hesitating, stammering, apologizing, "didn't know I was to be called on," "haven't anything to say, but will try to tell you something," "should not have been asked to speak," etc. If an apology for speaking is really proper and appropriate, then usually it would be still more proper and appropriate not to speak at all. (c) Reading an address instead of speaking. If reading cannot be avoided, read slowly, with careful inflection, and proper gesture. (d) Speaking from a written manuscript; especially speaking a paragraph or two on a subject and then reading the same material over again from the manuscript because you have lost your place. (e) Wandering away from the main subject. (f) Stopping by a process of "running down" instead of definitely and clearly, because you have finished telling what you came to tell. (g) Saying continually "now, one word more" and then spending ten minutes on that "one word." (h) Promising the audience to speak five minutes and keeping on for twenty or even ten. To break your word to one person is bad enough—to break it to five hundred at once is the worst of bad policies, and bad manners besides.

## DEPARTMENT OF HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF  
ALICE SHEPARD GILMAN, R.N.

### ORGANIZATION OF THE PRELIMINARY COURSE AND FUNCTIONS OF THE PRACTICAL INSTRUCTOR AS COÖRDINATED WITH THE HOSPITAL ADMINISTRATION

BY MABEL E. HOFFMAN, R.N.  
*Practical Instructor, Rochester, N. Y.*

As the trend of modern nursing is advancing along the channels of better nurses, better equipment, better methods, and application of such, and of doing everything to make life worth living while in training, do not let us put in the background the necessity, not only for the equipment and modern standardization of each ward, but also the proper and sufficient equipment for the up-to-date class room during the student's preliminary training. This, to my mind, is as vital a point to be considered in each training school, as any which the principals of the various schools have to consider. I do not mean to convey to you that the class room equipment should be far in advance of any which is used on the wards,—by no means. That, I believe, is the big mistake which is being made in many of our institutions to-day. The class room should be in accordance with the ward as to construction and equipment.

When the student finishes her preliminary course of training in the class room, she should not be in an entirely new sphere when she reaches the ward. Day by day, she is taught how to place the linen in neat, orderly rows on the linen-room shelf, she is taught how the equipment is arranged on the shelves in the utility room, she is instructed in the arrangement of the pieces of ward furniture, and when she goes on the ward, she knows how to put her hand on every piece of equipment without being a burden to the older nurses. This can only be carried out where the class room is like the ward and is not simply an elaborate demonstration room. I will outline the method of follow-up work in the Rochester General Hospital, and will show how we have endeavored to link the work in the class room with the daily work on the wards.

We are fortunate in having at our disposal the second floor of one of our new buildings which, of course, is quite the ideal for a class room as regards the placing of furniture, equipment, etc. There is a large room which is used for our demonstration and practice room



and which contains six regulation hospital beds, a crib, bedside tables and a chair for each bed, a large table which holds our tray equipments, and other pieces of furniture which go to make up the regular hospital ward. Besides this, there is a class room or recitation room which seats twenty-five students comfortably, for the use of the theory of practice and for our classes in solutions. A utility room is across the hall where we find the uniform equipment which is needed in our work. The shelves are arranged exactly as they are found in the other parts of the hospital and all tips and tubes are kept in the same kind of a solution as is later found on the ward. Then we have the medicine closet, which, although not as elaborate in every detail as the ward cabinet, gives the pupil an idea as to just what is to be found in the medicine closets, where the thermometers are kept, and also makes them familiar with the arrangement of drugs. Next in line is our linen room, which is the pride and joy of every pupil who has charge of it. Here the linen is arranged neatly in rows and the probationer is not a "new hand" at putting away linen when she reaches the hospital ward. The drawers in the linen room contain the same articles found in the ward; the rubber sheets, the paper bags, and safety pins, each has a definite place in the class room, corresponding to that in the ward. We also have a well equipped diet kitchen where the students are instructed in cooking methods. The whole atmosphere of the class room is that which you find in any hospital ward,—cleanliness, neatness and the systematic arrangement of furniture and utensils.

To enable the student to become more careful and to train her hands to the proper touch which a sick person longs for, we give them ample practice for its development, by allowing them to practice on one another instead of using a Chase doll. They give one of their own class-mates a bath. A mustard plaster is never fully appreciated until one has it on her own skin. The same is true of a flaxseed poultice, a hot pack, and other treatments, where such are possible. Only in this way can the nurse become accustomed to handling the sick patient before she experiments on the ward. Of course, to some people this method appears quite out of place, but modern teaching methods have improved only under such conditions, where we have a real, live person to work on and not a dummy.

The demonstrations which are given in the class room, with all the detailed equipment and procedure, are nothing but a sham, if not properly given in the ward, and to assure the proper administration of such, we must do the close follow-up work which means constant and unwavering supervision, every hour of the day, every day in the

week, and every month in the year, not just in the preliminary training, but during each day of the later training, which makes the foundation of efficiency and attention to detail.

In order to allow the probationer to plan her work and in this way demonstrate her ability in handling even a small piece of work, the head nurse should make out a slip, each morning, designating the patients who are assigned to each nurse, the extent of her dusting, and any other piece of ward work which falls to her lot. This eliminates the necessity of going to the head nurse after each patient has been made comfortable, in order to find out what is to be done next. It gives a chance for the development of the student as well as being a time saver. The supervisor, when she comes on the ward, need not trouble the head nurse to find out exactly what each one of the nurses has accomplished; she simply asks the nurse for her slip, and one can tell very quickly the extent of the work done and what has been left unfinished. To this suggestion, I can foresee many objections. One that we hear more frequently than any other and uttered by the head nurses, is, "How can we tell when the probationers are coming on the ward, so that we can plan any definite piece of work and know that it will be done?" I have one solution of this problem. A card is made out for each nurse, bearing her name and the days of the week. There are spaces after each day and in these spaces we place the hours that the nurse will spend on the ward.

Name	Class		
Ruth Freeman	January, 1914		
Monday	7-8	12:30-1	4-7
Tuesday	7-8	11-12	
Wednesday	7-8	12:30-2	6-7
Thursday	7-9	1-2	6-7
Friday	7-11	5-7	
Saturday	7-8	4-7	
Sunday	4-7		

The head nurse can tell at a glance, when she is making out her time slip, exactly how many nurses she will have to carry trays at noon, and how many nurses will be there for taking temperatures in the afternoon. Any change which is made during the day is checked on this card by the student. Here again it saves the head nurse the constant repetition of asking the young nurse just when she will be back and when she has to leave again.

In order to give the student the opportunity to administer medicines properly, and thereby carry her teaching on the ward, and without running the risk of having her give the wrong drug or administer the medication improperly before she has been given a fair trial,

the supervisor gives each nurse careful attention before she is allowed to administer them alone. The nurse is watched for at least three successive times and more, if necessary, to assure absolute accuracy in the measuring of the drug before the student is placed on her own responsibility. Some nurses are very quick to learn the labels and to divide doses, while others require closer supervision and longer practice before being left alone.

Not only is the nurse carefully supervised for the administration of medicines, but this is carried over to hypodermics, catheterization, dressings, preparations, and all treatments that are out of the ordinary trend of daily routine. Each morning the supervisor is notified by the head nurses, of all the above treatments that are to be administered, thus enabling the supervisor to give those in her group, an equal chance to catheterize, prepare a hypodermic, to take charge of the dressings, etc., otherwise the work is not evenly distributed among all the students and one will be gaining more practice in a certain procedure than do others. The student is never alone when she prepares her first hypodermic, or when giving her first douche, or until she has fully demonstrated her ability to do it unaided. Dressings are never left to the young nurse until she has shown her ability to keep her instruments sterile, to open gauze properly and to be of some assistance to the surgeon.

We all agree that it is the way the young student is first taught and allowed to carry on her work that means so much to her later on in her training. The foundation must be firm and well established or the aftermath will be most disastrous to both the student and to the training school. Constant supervision every day, can bring the results and coöperation from the head nurses on the wards with the supervisors in the training school, is the biggest asset in the betterment of the nurses' work. They feel the responsibility of each probationer and by keeping the instructor in touch with the treatments on each ward, enable us to allow the student to complete her work more quickly. In return for the head nurse's coöperation, we pass on a competent, thoroughly trained student, on whose shoulders she can place added responsibilities.

Only through such constructive coöperation by instructors, both theoretical and practical, in the numerous training schools of the country, and by a sincere interest on the part of the administrative officers of these schools, can we achieve the results to which we aspire as educational institutions, as there is a constant effort on the part of those less interested in the altruistic motive which prompts the desire for a better product, to exploit this service for a commercial end and to defeat all efforts of progress along these lines.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELISABETH ROBINSON SCOVIL

**INFECTION THROUGH THE EYE.**—An article in the *Journal of the American Medical Association* asserts that large numbers of organisms including the pneumococcus, streptococcus, influenza bacillus and others may be received from the conjunctival sac and therefrom may be carried into the nose through the lacrimal duct, and from thence backward into the nasopharynx. Masks do not protect the eyes, as a rule. This portal of entry is, therefore, of importance in the transmission of acute respiratory infections.

**MODIFICATION OF BRADFORD FRAME.**—*The Boston Medical and Surgical Journal* describes a modification of the well known Bradford fracture frame. An upright bar is attached to the bottom of the frame with which is connected a sliding bar supporting an adjustable pulley carriage. This bar is fastened to the top and bottom of the upright with an adjustable brace. It is thus possible to move the patient in bed without the least change in the position of the fragments of the fractured bone. The sheets can be fastened to the upright. The apparatus can be used in septic conditions of the leg and foot requiring elevation and traction.

**MAGNESIUM SALTS AND BACTERIA.**—*The Journal of Infectious Diseases* states that Epsom salt is useful in streptococcus skin affectations. Any concentration of magnesium sulphate used externally will check them.

**ENEMA IN SURGERY.**—A writer in the *Texas State Journal of Medicine* recommends the use of an enema instead of a purgative before abdominal operations. An ordinary soap and water enema of one quart is given in the evening preceding the operation and another early in the morning. Plenty of water to drink is given during the night and until within an hour of the operation. Nausea is less frequent after anesthesia as the result of the fluids left in the tissues.

**IMMUNIZATION AGAINST SCARLET FEVER.**—*The Journal of the American Medical Association* reports the experience of an Italian physician who has successfully vaccinated children against scarlet fever. The sero vaccine was obtained from desquamated scales of scarlet fever patients. Of forty children immunized by this means and left in the same room, sleeping in the same bed, with scarlet fever patients, not one contracted the disease and no case developed in the hospital wards after scarlet fever had been imported. Of twenty-five



children in families where there was a case of the disease, not one contracted it. There were no ill effects, except very rarely a slight transient eruption, with no throat symptoms or fever.

**VACCINE TREATMENT OF PERTUSSIS.**—The same journal, quoting from another Italian contemporary, says that an autogenous vaccine prepared from the whole sputum of whooping-cough patients had effected a cure in the forty-seven cases treated. It is believed to be the most effectual means of treating whooping-cough yet known.

**EMERGENCY DRESSINGS.**—It is advised that the clothing over a wound should be slit and turned back instead of being removed. This avoids exposure and chilling of the patient. After the dressing is in place the garments can be readjusted and fastened above and below with strips of gauze. After an amputation, the leg or sleeve, can be tied below or turned back and fastened.

**SYPHILIS AND INFANT MORTALITY.**—The *American Journal of Syphilis* states that seventy-five per cent of all the offspring in a syphilitic family are infected. Thirty-five per cent of the pregnancies terminatae in death at or before term, three times as many as in non-syphilitic families. Thirty per cent of all living children die in infancy, about twice as many as the normal rate. Only seventeen per cent of all the pregnancies in syphilitic families result in living healthy children who survive infancy.

**THE TOMATO AS AN ANTISCORBUTIC.**—The *Journal of Biological Chemistry* states that tomatoes either fresh and raw, or dried by hot air, are valuable as a preventive of scurvy. Experiments upon guinea pigs has proved the efficacy of this vegetable for the purpose.

**NUTMEG IN AMEBIC DYSENTERY.**—The *Medical Record* mentions the improvement of a patient with amebic dysentery, after an administration of selected grated nutmeg (*myristica*), 30 grains, three times a day. Emetin had been tried in vain. The frequent spasmodic pain disappeared and after three weeks' treatment no cysts were found in the stools.

## LETTERS TO THE EDITOR

Note: The Editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### THE PROBLEM OF THE PRIVATE DUTY NURSE

(Extracts from Letters Received)

#### I.

Dear Editor: Permit me to thank you for your most timely editorial, *The Sphere of the Private Duty Nurse*. One year's experience of private duty, during my ten years in the profession, has made me feel very keenly the injustice of referring to this group of workers in the contemptuous manner that we and the public health nurses have done so frequently of late. It is truly a disloyal, dangerous practice.

Nebraska

A SUPERINTENDENT OF NURSES.

#### II.

Dear Editor: Times of stress usually reveal human nature as it is, both admirable and unworthy, and the late influenza epidemic has taught the nursing profession some new phases of its duties toward the public and the medical profession. If the critic in the *A. M. A. Journal* thinks the graduate nurse is getting what is coming to her, there is a little something to be said about the public and the physicians "getting theirs." Last October, at the call from a state cantonment for volunteer nurses to help in the epidemic, scores of nurses from a dozen cities responded as promptly as possible, leaving their cases, their hospital and their families, to care for the soldiers. Many were taken ill, a few of the volunteers died, but a very small percentage, luckily, for there was no money nor service spared in caring well for all the nurses at camp. I was one of the volunteers (a Home Defense Nurse), who served for three weeks during the height of the epidemic, working from ten to fifteen hours daily as hard as was physically possible. So far as I know the nurses were very glad to give their services to the Government in time of need for \$75.00 per month and maintenance, which is little more than half what they could have earned at the same time in civilian life. Care and not dollars would save men's lives. After leaving camp I spent two months more in army work at the Student Training Camp at an agricultural college, until the boys were mustered out. We were given excellent accommodations and good food and not excessively hard work there. Then the need for volunteer help became very urgent among civilians in L——, because of the epidemic, and two Army Nurses from camp were sent for by the local Health Board to help clean up, organize and run an Emergency Hospital. The only available building for the purpose was an abandoned "Hobo Inn," as it was known locally, and it certainly did need some cleaning and readjustment to make it fit for hospital purposes. But the nurses worked hard and faithfully from twelve to fifteen hours daily for two weeks, caring for from twenty to thirty-five patients, most of them critically ill. The patients were scattered in eight different rooms on two floors, which did not add to the facility in caring for delirious cases. For this service rendered to the city, the Health Board paid \$3.22 a day, or at the rate of \$100.00 per month, to each nurse, the nurses paying their own board, hotel and laundry bills. When one graduate nurse from the city refused her check at that rate, they paid her nothing at all,

and it is a physician who runs the Health Board. If one graduate nurse charged \$50 per week for caring for two children, another that I know well received \$15.00 for caring for two children with influenza in a physician's family. In another physician's family, where a nurse cared for an obstetrical case for sixteen days and had the oversight of two small children, day and night, the patient (the physician's wife), was very angry that she charged \$54.00. Maybe private duty is "the line of least resistance" to many nurses and maybe private duty nurses are only "wage earners," but from eight years' experience along that line, I am convinced that it takes some versatility for a woman to adapt herself to and live with all classes of patients in country, town, or city, and to do anything and everything as emergencies arise, to keep a home comfortable and peaceful for her patient. She may in turn be not only nurse, friend, and teacher, but occasions arise when she may be temporary housekeeper, laundress, cook, house-maid, lady's maid, valet, furnace caretaker, chauffeur or even stable worker. I know, for I have tried them all at different times myself. The irregular hours of duty, irregular living conditions and, not least important, irregular pay, make the life of the conscientious private duty nurse not wholly a bed of roses. To return to the question of pay,—why should a professional nurse be expected to be more patriotic in the matter of demanding increased pay for her services during and after war conditions, than other professional people or common laborers? Physicians have increased their fees, salaried workers demand and get more for the same services than they did three years ago, and living expenses have increased 115 per cent. Why should a nurse work for less than she can afford, with careful economy, to live on and save some for the inevitable "rainy day?" It may be "labor union methods," but I fail to see why a nurse should be less businesslike than a plumber, because she deals with human life and happiness instead of other essentials. To work for the sake of high minded patriotism or charity is all right for a while, but a nurse's bills have to be met with ready cash, generally.

Michigan.

M. S.

### III.

Dear Editor: I am glad the Editor came to the defense of the private duty nurse, for when I read in the March number of the *Journal*, *The Industrial Nurse*, I almost became indignant; not so much because I was personally offended, being one of the poor "wage earners" myself, but when I think of the hundreds of fine, capable women in the ranks of Private Duty Nursing who are a godsend both to the poor and rich alike, my otherwise even temper became somewhat ruffled. I consider the private duty nurse, if she is conscientious, as much of a teacher as the Institutional, Industrial or Public Health nurse. Of course her field is not so large, but it is just as important and her mission cannot be filled by any of these others, however momentous (and all admit that), their work may be. Take, for instance, a poor family in the country, miles and miles from the doctor, four of whom are stricken with typhoid. She works faithfully almost day and night, catching what moments of sleep and rest she can, knowing that inability to do her duty may cost one of these precious lives. If the panic-stricken husband and father is not able to secure the services of a cook at the outset, she attends to the making of liquid foods, broths, etc., for her patients, and swallows raw eggs and manages to gulp down the indigestible bread and boiled cabbage which the twelve-year-old child of the family has so heroically prepared, knowing that her own physical strength must be maintained to care for her charges. And she must teach the husband not to wash his dishes in the basin on the back porch, used for the hands (that is no fairy tale, for I've seen it done), and must instruct

the twelve-year-old daughter, who is mothering a six months' old baby sister, that it is not good for the baby to administer soothing syrups to make it sleep. The nurse must prepare baby's food and teach the child the necessity of cleanliness of nipples and bottles. And when at last the black cook does arrive (she is only intrusted with the cooking for the well ones), there are many things to be shown her, and with her help the nurse scrubs all the floors and puts the house in apple-pie order, hence teaching sanitation. As for "taking temperature and giving sponge baths" being belittled, sometimes the very life of the patient depends upon these things being done faithfully and accurately. And who but a private duty nurse knows the wholesome satisfaction and "respectable" feeling of bathing the patient and tidying the bed before the arrival of the doctor in the morning, to say nothing of the satisfaction and appreciation of the patient who is prepared to meet the doctor with a smile and tell him or her, she feels the battle is worth striving for. Oh yes, army of patient workers, it is just these little things bravely and faithfully carried out, that count so much to you, and countless numbers will rise up and call you blessed, for the performance of duties which seemingly in themselves are trivial. Then there is the long, hopeless case,—who will gainsay that the nurse's personality counts even more than the ability to teach? She will need to know something of psychology, with the happy faculty of putting herself in the place of her patient, to bear patiently and smilingly the many whims and caprices of a suffering and distorted mind, perhaps. And most of all, she will need to cultivate the spiritual side. She herself must know the meaning of a strong and undimmed faith in our heavenly Father, the giver of all good, and be able to impart to her patient something of the joys that her religion gives her in this practical workaday world of ours. Dear me! did I say spiritual, most of all? Then I must combine humor with that most coveted virtue, for she cannot save the day nor scarcely her soul, if she does not possess to a very full degree, the felicitous ability to see the funny side of life,—of laughing away the little but irritating annoyances that beset even the most complacent, at times.

North Carolina

E. J. S.

#### IV.

Dear Editor: "What's the matter with the trained nurse?" What's the matter with the doctors and the people, we should say. Just because we are being paid \$28 a week, the people and some of the doctors, who should stand by us as loyally as we have by them are trying to work the very life out of us to get their money's worth. I had recently a very sick patient, a pregnant woman, with influenza,—for three nights I only removed my shoes, she kept me busy every half hour, and I was asked to do, also, the cooking for the men. I know of a nurse who was told to do the three weeks' laundry for a family of five, also the cooking, though she was up four and five times each night. We do not have horse strength. How can we lose so much sleep and do such heavy work? I am on a case now where a trained nurse was needed for only thirty-six hours, but this is my sixth week. The lady has no servants, gets up late and is gone all day or entertains friends until late at night. There are four little girls, the eldest seven. Now who is doing all the work in that house? I am not worrying, if they want to pay me \$28 a week for this kind of work, it is up to them.

Massachusetts

G. C. D.

(It is one thing to lend a hand to necessary household tasks in times of illness and great stress; it is another thing to continue in a household when



one's professional duties are ended, just because one is well paid for doing so. Criticism is brought upon the Private Duty Group by just such situations as the last one described in this letter.—Ed.)

#### ETIQUETTE FOR OFFICERS OF THE POST, AS A NURSE SEES IT

Dear Editor: I thought at this time, when the subject of Rank for Nurses is being widely discussed, you would be interested in seeing the following Rules for Etiquette which I cut from an Army Post magazine:

"With humble apologies to the very few to whom this does not apply: 1. Officers should always enter the bus first, especially when there is a group of nurses waiting. 2. On rainy days inside seats are reserved for officers. The nurses enjoy the rain. 3. Ward surgeons to have no conversation with the nurses in charge, all communications to be written and left on desk. 4. Never offer a graduate nurse a chair, they do enjoy standing. 5. When addressing a nurse—put your feet on the desk, lean back and be comfortable. They are getting used to it. 6. When nothing else to do take a trip up the ward and look for dirt, you will find it. 7. When an operation is to be performed, never notify the operating room, it might be ready. 8. Never do dressings in the morning. The nurses enjoy doing them in the afternoon. 9. When addressing nurse in charge of ward, never call her by name, just yell 'Nurse' and see what happens. 10. Never ask a nurse about her patients, she might be able to give you some information. 11. If in doubt about the use of the two little words 'please' and 'thank you,' consult Webster, as these words are apparently becoming obsolete in the Army. 12. If you see any candy on the desk, help yourself, but don't ever bring any. 13. Whenever possible, all cigarette ashes and butts are to be scattered around the desk, as it almost makes us feel at home. 14. When all is said and done, and you come to the end of a busy day, bid the nurse 'Good-night' and smile, even if it hurts at first. 15. Co-operation is needed, any suggestions, rules or regulations for graduate nurses will be cheerfully received and acted upon if possible. Here is your chance; knock back."

*From Home Again.*

#### THE HIGHER MISSION OF THE ARMY NURSE

Dear Editor: Someone said to me recently, "Army nurses have lost the true spirit, they are no longer interested in their work and are making every effort to return to civilian life." Personally, I cannot believe that our nurses have lost the spirit of service, and that they, in this huge task of reconstruction, will fail to "carry on." I am convinced that, with a few exceptions, the nurses, who have served with me during the past year, are still filled with the same spirit and enthusiasm with which they entered the service. Now that hostilities are over, those who enrolled with a purely selfish motive, naturally do not view the tremendous task before them and their great privilege as nurses, in the true light. The men who are returning to our hospitals have, unconsciously perhaps, raised for themselves the standard of womanhood as depicted in the daily service rendered by our splendid American nurses at the front. Shall we, who through no lack of patriotism, felt it our duty to serve over here, fail to measure up to this standard? Shall we not "carry on" as long as the Government needs our services, even until the last man has returned and has been restored to his full capacity for service? This stupendous work of reconstruction, unheard of in any previous war, has just begun in our country, and we have the privilege of sharing in it in

a very definite way because we come in closer touch with the men than do other workers. Our work is not only assisting in their physical restoration, but is psychological as well. Every patient, more especially the amputation case, entering our portals, is a psychological problem and the greater his disability, the greater the problem. Often in his own eyes he is an object of pity, has lost his status in his own walk of life and shrinks from anything approaching sympathy with a feeling of horror. Because of the mother instinct in all true women and because we realize the seriousness of our work, nurses, having the right spirit, can do more toward restoring a maimed soldier's mental poise than can any one else. They see him when he is off his guard, when all his defences are down, when hopelessness has dispelled the spirit of cheer temporarily put on for his visitors. By carefully avoiding even a suggestion of pity or hero worship, they may daily and hourly influence him in such a way that he gradually finds himself once more, and views his disability not as a means of obtaining a large compensation from the Government and living in idleness the rest of his life, but as a means of obtaining a position of possibly even greater usefulness than before. They may also help prove to him that he need only be as useless as he himself chooses to be. That is our mission in addition to helping, materially, by using our knowledge and experience, to restore every wounded man, needing our care, to a life of usefulness. After all, they were willing, if need be, to give their lives for us; do we not owe them something in return? The Government has provided instructors and workers of all kinds to help the men in every possible way, but it remains for us, the "Mothers of Men," to help restore their mental poise. Shall we fail in our mission? From a purely economic standpoint, a nurse, serving in an army hospital and receiving \$60 per month, fares better, financially, than do most nurses doing private duty at the present time, providing they cannot live at home. Nurses in public health work receive, on the average, from \$90 to \$100 per month. Out of this salary must come living expenses higher than ever before. Shall not we, who have this privilege, and who have no ties demanding our immediate attention, with one accord, put our shoulders to the wheel and do our share, a very large one, in the rehabilitation of those who fought for us so valiantly and demonstrated so effectively, to all other nations, the "Spirit of America" in the recent conflict?

U. S. A. General Hospital

J. M. S.

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#### THE ONCE-A-YEAR EXAMINATION

Why should not every person of the cancer age go to her physician once a year, even if she has no serious symptoms, and learn whether a cancer is present or not? In the vast majority of cases an answer can be given. If the cancer is found early, it is likely to be so small that a competent surgeon will be able to remove it, with every hope not only that life will be prolonged but that the tumor will never return. The results of the best modern surgery in cancer are quite extraordinary. Cancer of the lip in its early stages can be cured in ninety per cent of the cases; cancer of the breast, if taken early enough, certainly in half of the cases, and cancer of the womb in a quarter of the cases. No other means of treatment offers the same amount of hope. To delay means certain death, for cancer does not cure itself.—From *Campaign Notes*, American Society for the Control of Cancer.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

## AMERICAN NURSES' ASSOCIATION

### REPORT OF NURSES' RELIEF FUND FOR MARCH, 1919

#### *Receipts*

Previously acknowledged .....	\$3,438.50
Interest on bonds .....	40.00
Sophia F. Palmer .....	5.00
Mary Day Barnes, Chicago, Ill. ....	10.10
Anna H. Davids, Akin, South Carolina .....	5.00
Martha I. Giltner, Atlanta, Ga. ....	2.00
Elizabeth Dutol, Miss R. L. Saunders, Lucy Haylar, Honolulu, T. H., \$2.00 each .....	6.00
M. Kate Breil, Gettysburg, Pa. ....	2.00
St. Lawrence State Hospital Alumnae Association, Ogdensburg, N. Y. . .	10.00
The Lankeman Hospital Alumnae Association, Philadelphia, Pa. ....	15.00
Interest on Liberty Bond .....	21.25
New York Hospital Alumnae Association .....	50.00
Annette B. Coles, St. Louis, Mo. ....	1.00
Henrietta J. Van Dam, Pasadena, Cal. ....	2.00
Hannah J. Briely, Newport, R. I. ....	5.00
Minnie D. Wilbur, Springfield, Ill. ....	5.00
Betty Eicke, Lawrence, Mass. ....	1.00
M. Agnes MacNalley, Hot Springs, Ark. ....	5.00
Mary H. Crone, Saint Mary's, Ohio .....	1.00
Sarah J. Graham, New York Post Graduate Nurses' Alumnae Assn. . . .	10.00
Margaret Graham, New York Post Graduate Nurses' Alumnae Assn., New York City .....	10.00
Clara B. McMillen, St. Luke's Hospital Alumnae, New York City. ....	8.00
Mrs. Chas. D. Lockwood, Pasadena, Cal. ....	5.00
Mrs. Jannette F. Peterson, Chairman, California State Relief Fund Committee .....	63.00

**\$3,720.85**

#### *Disbursements*

Application approved, No. 2, 39th payment. ....	\$10.00
Application approved, No. 5, 26th payment. ....	20.00
Application approved, No. 6, 35th payment. ....	15.00
Application approved, No. 7, 29th payment. ....	15.00
Application approved, No. 11, 26th payment. ....	15.00
Application approved, No. 14, 13th payment. ....	15.00
Application approved, No. 15, 9th payment. ....	15.00
Application approved, No. 17, 17th payment. ....	15.00
Exchange on cheques .....	.40
1 ledger for accounts for treasurer. ....	10.50

**\$3,589.95**

13 Bonds .....	\$13,000.00
2 Certificates of stock .....	2,000.00
6 Liberty bonds .....	6,000.00
	<hr/>
	\$24,589.15

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, Treasurer.

#### THE NATIONAL LEAGUE OF NURSING EDUCATION

The National League of Nursing Education will hold a special meeting in Chicago, June 24, 25, and 26. Headquarters will be at the Congress Hotel, Michigan Avenue. Other hotels recommended by the Committee on Arrangements are: The Blackstone, The Auditorium, Hotel LaSalle, and Hotel Sherman. Members are urged to make early reservations.

#### ARMY NURSE CORPS

It may be of interest to nurses who have served as members of the Army Nurse Corps to know that, in the case of those nurses who have been relieved from service and who are suffering from a disability for which they are entitled to a compensation under the War Risk Insurance Act, courses of vocational rehabilitation will be given, when necessary. For full information a letter should be written to the Federal Board of Vocational Education, Washington, D. C. These courses are made available, without cost for instruction, for the benefit of any person who is disabled under circumstances entitling him or her to compensation after discharge from the military service of the United States.

During March, 2,288 nurses have been relieved from active service in the military establishment; 1,358 have returned from overseas.

#### HONOR ROLL

##### Died in the Service of Their Country

Helen Sobey	March 3, 1919	United States
Inez E. Reed	March 7, 1919	United States

DORA E. THOMPSON,  
Superintendent, Army Nurse Corps.

#### NAVY NURSE CORPS

#### HONOR ROLL

##### Died in the Service of Their Country

#### NURSES, U. S. NAVAL RESERVE FORCE

Edith B. Hokanson, Base Hospital No. 6 of Seattle, Washington. Died March 8, 1919.

Myrtle Elizabeth Grant, Base Hospital No. 7 of Houston, Texas. Died March 10, 1919.

Emma Kotte, Base Hospital No. 7 of Houston, Texas. Died March 15, 1919.



## INSTRUCTIONS FOR SUBMITTING CLAIM FOR GRATUITY

Nurses, U. S. N., Reserve, and U. S. N. R. F., who had active service between April 6, 1917, and November 11, 1918, should send claim for gratuity to "Disbursing Officer, Bureau of Supplies and Accounts, Navy Department, Washington, D. C."

The claim must be accompanied by:

(a) The original Letter of Appointment or Certificate of Enrollment upon which the endorsement of discharge or disenrollment has been noted.

(b) The original first orders to active duty issued by the Bureau of Navigation.

These papers should be pinned together. The claim should have the name of the nurse written as noted in the official paper and should also note clearly the address of the claimant.

The Training School for Native Women in Haiti was established under the capable direction of Lucia Dillon Jordan, Chief Nurse, U. S. N., with the assistance of Josephine Y. Raymond, Nurse, U. S. N. The work of these nurses was commended by the President of Haiti and an official statement was sent to the Navy Department. The recent assignment of Mrs. Marie A. Lincoln, Nurse, U. S. N., has added another qualified and capable instructor to the group, and a request for an additional nurse has been recommended, whose nomination will be submitted to the President at an early date.

The work of the nurses in the Virgin Islands has also increased to an extent that an additional Chief Nurse and three nurses have been added to the staff which is completing its second year's activity.

LENAH S. HIGBEE,  
Superintendent, Navy Nurse Corps.

The American Public Health Association will hold its next annual meeting in New Orleans, October 6-9. The Executive Committee hopes that nurses, especially from the south, will make their plans to attend this meeting.

The United States Civil Service Commission announces an open competitive examination to be held on May 21 for a vacancy at the Freedmen's Hospital, Washington, D. C., and for possible future vacancies. Applicants must be between the ages of 24 and 45. For further information they should apply to the Civil Service Commission, Washington, D. C., asking for Form 1312.

National Tuberculosis Association.—The annual meeting of the association will be held at Atlantic City, June 14 to 17. Hotel headquarters will be at the Marlborough-Blenheim. The meetings will be held in a nearby church. The meeting of the National Association will follow immediately after that of the American Medical Association and simultaneously with the American Congress of Physicians and Surgeons. For list of hotels, write to the Publicity Bureau, Guarantee Trust Building, Atlantic City, N. J. Institute for Tuberculosis Workers.—The second 1919 Institute for Tuberculosis Workers will be conducted by the National Tuberculosis Association from May 26 to June 11. Applications for this Institute are now being received. For full information regarding the Institute, address Mr. Philip P. Jacobs, Assistant Secretary, National Tuberculosis Association, 381 Fourth Avenue, New York City.

Alabama: Anniston.—WHEN THE GOVERNMENT withdrew the Sanitary Unit at this place, the citizens and the county subscribed enough to continue the work as a County Unit. Linna H. Denny continues to serve as Chief Nurse.

**California: San Francisco.**—THE UNIVERSITY OF CALIFORNIA HOSPITAL is erecting a nurses' home which will be the finest of its kind on the western coast. It is seven stories high and will accommodate 150 persons. The entire upper floor is given to a gymnasium-auditorium and to class rooms.

**Colorado: Denver.**—THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL FOR NURSES has elected the following officers: President, Signa Freek; secretary, Mrs. William D. James, 1321 Bannock Street.

**Delaware.**—THE BOARD OF EXAMINERS FOR REGISTERED NURSES will hold its regular meeting at the Delaware Hospital, Wilmington, June 3, 1919, at 10 a. m. Florence J. Thomas, Secretary, Delaware Hospital.

**Illinois: Chicago.**—THE LOCAL COMMITTEE ON RED CROSS NURSING SERVICE has removed from the Tower Building to the Chapter Headquarters, 58 East Washington Street. The Red Cross Teaching Centre has also moved to the same address and has been equipped to fully promote the peace programme. Ada K. Butz, graduate of the Jefferson Medical College Hospital School for Nurses, Philadelphia, who has been in the United States Army Nurse Corps at Camp Wadsworth, has assumed the position of Director of the Bureau of Enrollment in the Nursing Service of the Central Division, American Red Cross. Five Red Cross Institutes for Instructors of Home Nursing and Elementary Hygiene classes have recently been held in the Central Division. There was a total attendance of four hundred persons, with fifty towns represented. The work was carried on under the direction of Dolly Twitchell, Associate Director, Central Division. Etta Lee Gowdy, who has done excellent work as community nurse for Kent County, Michigan, has been appointed Director of Public Health Nursing in the Central Division Red Cross office. The public health courses for student nurses maintained by the Red Cross Chapter has extended its course to include student nurses from territory in Illinois outside of Chicago. Edna L. Foley, superintendent of the Visiting Nurse Association, has been sent to Italy to do tuberculosis work. Mary C. Wheeler, superintendent of nurses, Illinois Training School, has a leave of absence and is in California. **Jacksonville.**—THE THIRTEENTH DISTRICT, at its regular bi-monthly meeting, had an interesting musical and literary programme furnished by students of the State School for the Blind.

**Indiana.**—THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES will hold its next examination for applicants for registration on May 21 and 22, 1919, at the State House, Indianapolis. Edna Humphrey, Secretary, Crawfordsville.

**Louisiana.**—THE NEXT EXAMINATION of the Louisiana Nurses Board of Examiners will be held in New Orleans, and in Shreveport, June 23, 24, and 25, 1919. For further information, apply to Dr. J. S. Hebert, Acting Secretary, 1121 Maison Blanche, New Orleans, La.

**Maryland.**—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for applicants for state registration May 26 to 29. All applications should be filed with the secretary before May 10, 1919. Mary Cary Packard, Secretary, 1211 Cathedral Street, Baltimore. THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES met on April 8 in Osler Hall, Baltimore. An address was given by Dr. Hurdon, recently returned from service with the British Expeditionary Forces. On April 9, the Association held a meeting in the Y. M. C. A. Building at Frederick, at which Mrs. Edmunds and Miss Martin spoke of the Home Nursing Courses being given by the Baltimore Chapter of the Red Cross. Miss Bowling, recently returned from overseas, gave an intensely interesting talk

on her experiences at the Front. Miss Fox of Washington made a strong plea for more nurses to respond to the demand for public health work. At 9:30 Miss Lawler addressed the students of Hood College on the advantages of a nursing career; at 11:30 Miss Lawler and Miss Nash addressed the students of the seventh and eighth grades, and of the high school, on the same subject.

**Massachusetts: Boston.**—THE TRUSTEES OF THE BOSTON CITY HOSPITAL gave public recognition, recently, to the unselfish heroism of the nurses at the hospital who, during the two epidemics of influenza, applied themselves, day and night, to the alleviation of suffering. A meeting was called at Vose House, where five of the trustees and the acting superintendent of the hospital met all nurses who were not, themselves, ill. Dr. Wilson stated that 2700 persons afflicted with the disease had been treated, that 125 nurses had been ill, and that nine of these had died. THE MASSACHUSETTS HOMEOPATHIC HOSPITAL TRAINING SCHOOL held graduating exercises in Franklin Square House, March 20, for a class of fifty.

**Michigan: Detroit.**—A WARM WELCOME was given by the citizens to the 118 nurses from Base Hospital Units 17 and 36, when they returned to the city in March. They were welcomed by the Mayor and many citizens at the Red Cross canteen at the station; they were taken to their homes or stopping places in automobiles, and later a reception was given for them at Harper Hospital. A formal parade had been planned, but rain prevented that feature from being carried out.

**Mississippi.**—MEMBERS OF THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES are asked to communicate with the secretary upon return from army service, sending their correct addresses. Address Mrs. Jennie Quinn Cameron, 515 Bay Street, Hattiesburg.

**Missouri: St. Louis.**—THE TUBERCULOSIS SOCIETY has established the first resident open-air school in the country. It is situated on a high bluff overlooking the Mississippi on the grounds of the Night and Day Camp which is operated for working girls and women. Fifteen girls, ranging in age from 9 to 15, who have made no material gain in weight or strength during the past school year, have been selected to remain in the school for at least six months. **Kansas City.**—THE RESEARCH HOSPITAL held commencement exercises for a class of sixteen at the Elks' Club on March 27. Addresses were given by Dr. B. L. Sulzbacher, president of the Staff, and by R. R. Brewster. The diplomas were presented by John W. Wagner and the pins by Mary A. Burns, superintendent of nurses. A reception followed.

**Montana.**—THE ANNUAL MEETING OF THE MONTANA STATE BOARD OF NURSE EXAMINERS will be held at the State Capitol, Helena, May 12 and 13, 1919, beginning at 10 a. m. Application blanks may be secured from the Secretary-Treasurer, Maud E. Lally, St. James Hospital, Butte.

**Nebraska: Omaha.**—DISTRICT No. 2 held a meeting on March 28 and elected the following officers: President, Lillian Sheldon; vice president, Mrs. W. T. Shollman; secretary, Edith M. Puls, 1811 Wirt Street, Omaha; treasurer, Mrs. Jennie Gillespie; director, Elizabeth Weber. The new alumnae constitution was read and discussed and will be mailed to each hospital in the district.

**New Jersey.**—THE NEW JERSEY STATE NURSES' ASSOCIATION held its seventeenth annual meeting on April 1, at Elizabeth. The meeting was a most interesting one. Several Red Cross nurses had returned from overseas and spoke on their experiences. Dr. Stincom, Field Director at Camp Dix, made the address. Ann Doyle, supervising nurse, U. S. Public Health Service, spoke on Venereal

**Disease Control.** The following officers were elected: President, Jennie M. Shaw, Newark; vice presidents, Katherine Knox, Mabel Hall; secretary, Mabel Graham, Weehauken; treasurer, Elizabeth Pierson, East Orange. The next meeting will be held at Long Branch. Orange.—THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL held a regular meeting on March 19, when delegates were chosen to attend the state meeting. It was decided that the association should resign from its separate membership in the American Nurses' Association. Several returned Red Cross nurses related their experiences. THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold its next examination at the State House, Trenton, on Friday, June 20, 9.30 a. m., in the following subjects: Anatomy, Physiology, Bacteriology and Hygiene, Dietetics, Materia Medica, Surgical and Obstetrical Nursing, Diseases of Children, and Contagion. Elizabeth J. Higbid, Secretary-treasurer, Room 302, McFadden Building, Hackensack.

**New York.**—THE STATE BOARD OF NURSE EXAMINERS has accepted with great regret the resignation of Jane Elizabeth Hitchcock as secretary, expressing its appreciation of her efficient services in that capacity, for sixteen years. She is succeeded by Carolyn E. Gray, formerly superintendent of nurses of the City Hospital, Blackwell's Island. Miss Hitchcock has accepted the position of Director of Public Health Nursing under the Red Cross and the National Organization, and will for the present, have the supervision of the Red Cross classes now being started in the high schools in New York City. Utica.—DISTRICT No. 7 of the State Association has been formed with the following officers: President, Anna O'Neil, Utica; vice presidents, Julia E. Hardy, Utica and Emily Hicks, Rome; secretary, Maude Walters, St. Luke's Hospital, Utica; treasurer, Mrs. Lena Clark, Utica. Meetings will be held in the various nursing centers of the district, which includes four counties. Albany.—ST. PETER'S HOSPITAL ALUMNAE ASSOCIATION held its fifteenth annual meeting on March 20, electing the following officers: President, Katherine I. Decher; vice president, Anna L. Downey; secretary, Frances L. Golterman; treasurer, Esther Keyser. Five new graduates were accepted as members. Ten members of the Alumnae were connected with Base Hospital 33, Portsmouth, England. Four returned recently. Six signed for further duty and were sent to France. Many others of the Alumnae are doing duty in various cantonments in this country and abroad. Saranac Lake.—SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, met on April 1, and adopted the district association by-laws recommended by the State Association. At the annual meeting in May, officers for the ensuing year will be elected. A lecture on Effects of Sunlight on Tuberculosis was given by Edgar Meyer, M.D.

**Ohio.**—AN EXAMINATION FOR NURSE REGISTRATION will be held by the Nurses' Examining Committee of the State Medical Board of Ohio in Columbus, Ohio, on June 10 and 11, 1919. Applications must be filed with the Secretary of the State Medical Board, State House, Columbus, Ohio, at least two weeks before date of examination. Harriet L. P. Friend, Chief Examiner. THE OHIO STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Toledo, May 5, 6, and 7. AN ACT was recently passed which has become a law, giving the local boards of health authority to appoint as many persons for public health nurse duty as the public health and sanitary conditions require, such persons to be registered nurses, except where registered nurses are not available, when other persons may be appointed. This bill was passed as an emergency measure to provide sufficient care for sufferers from the influenza. Mt. Vernon.—THE OHIO STATE SANATORIUM will conduct a school for nurses, for the study of tuberculosis,



June 9 to 14. **Ashland.**—THE SAMARITAN HOSPITAL has as its superintendent of nurses, Jane Briggs, recently instructor in the Army School of Nursing, Fort Oglethorpe, Georgia. Miss Briggs is a graduate of the Mary Fletcher Hospital, Burlington, Vt.

**Oklahoma.**—THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination for applicants for registration on June 6 and 7 in the Chamber of Representatives at the State Capitol Building, Oklahoma City, Okla. Application for examination must be filed ten days before the date of examination. Edna Holland, R.N., Secretary-treasurer, Box 444, Holdenville.

**Rhode Island: Providence.**—THE RHODE ISLAND STATE ASSOCIATION met at the Medical Library, on March 28. Miss Doyle of the U. S. Public Health Service spoke on the Campaign against Venereal Diseases. Lieut. Harry W. Kimball, acting assistant surgeon of the U. S. Public Health Service, spoke on the work done by the Government during the war in stamping out this disease. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met at the Providence Lying-in Hospital on April 2. The eight-hour day for pupil nurses was discussed. THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE met on March 25. Ella M. W. McCanna, Margaret E. Ross, Mary Jenkins and other members of the Naval Base Hospital Unit No. 4, told their experiences with the Unit, exhibiting many photographs of places visited. THE RHODE ISLAND HOSPITAL NURSES' CLUB met at the Nurses' Home on March 12. Grace MacIntyre, Chief Nurse of Naval Base Hospital Unit No. 4, gave an account of the experiences of the Unit from the time they left till their return. At the meeting on April 1, a new balopticon, the gift of Jesse Metcalf, President of the Hospital Corporation, was used for the first time. First it was shown as it can be used in class work, pictures, book plates, etc., being shown, also examination papers, and specimens of bacteria used in the biology lessons. Miss Lord said it will be of great value and will save much labor, by throwing on the screen the picture of a paper which it would take much time to prepare in sufficient quantity to distribute. Mrs. Wm. Amos then told of a trip to California and showed pictures of the scenery along the way, by means of the balopticon, showing that it can be used for entertainment as well as for educational purposes.

**Texas.**—THE TEXAS GRADUATE NURSES' ASSOCIATION will hold its twelfth annual meeting in El Paso, May 12-13.

**Utah.**—THE UTAH STATE NURSES' ASSOCIATION held its annual meeting on March 3, at the Civic Center, Salt Lake City. At the afternoon session, the reports of the president and chairmen of committees were read. Tea was served from 5 p. m. to 7 p. m. The evening session was devoted to the election of officers for the coming year. The following were elected: President, Alma Karlsson; vice president, Laura G. Willis; secretary, Mrs. E. G. Richards, 168 C. Street, Salt Lake City; assistant secretary, Mary O'Brien; treasurer, Damaris Beeman. Chairmen of Committees,—Ways and Means, Mrs. N. F. W. Crossland; Press and Programme, Hazel Rock. Minnie Fife was unanimously elected as registrar for the Nurses' Association Official Directory. It was decided that a letter be sent to Mr. E. G. Gowans, State Superintendent of Public Instruction, conveying an expression of appreciation from the nurses of the state for the splendid services rendered by the teachers of the State during the recent epidemic of influenza. The proposed amended by-laws of the State Association were read and explained.

**Washington.**—THE STATE EXAMINATION FOR THE REGISTRATION OF NURSES will be held in the state of Washington, in Spokane and Seattle, on June 2 and 3,

by order of Anna Phillips, 311 South 4th Street, Tacoma, Washington, President, State Board of Nurse Examiners, and Mrs. Barbara H. Bartlett, University of Washington, Seattle, Washington, Secretary-Treasurer, State Board of Nurse Examiners.

**Wyoming.**—THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold its annual meeting in the Capitol, at Cheyenne, June 5, 6, and 7. Examinations will be held at that time. S. J. McKenzie, Secretary, Cheyenne.

**Wisconsin.**—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will conduct an examination for state registration in the City Hall, Milwaukee, June 24-25, 1919. Applications should be on file two weeks before examinations. For further information, write Myra W. Kimball, Secretary, Health Department, City Hall, LaCrosse, Wis.

### BIRTHS

On March 16, in New York City, a daughter, Ellen, to Mrs. James S. Ford. Mrs. Ford was Eleanor A. McI. Jones, graduate of Johns Hopkins School for Nurses.

On March 17, in Philadelphia, a daughter, M. Agnes Patricia, to Dr. and Mrs. Alfred S. Doyle. Mrs. Doyle was Miss Dougherty, class of 1900, St. Agnes Hospital.

On March 11, in Pittsburgh, Pa., a son, Francis Patrick, to Mr. and Mrs. Francis Kenny. Mrs. Kenny was Ann Shannon, class of 1917, St. Francis Hospital, Pittsburgh.

On December 14, at Blessing Hospital, Quincy, Ill., a daughter, to Mr. and Mrs. Robert Hinchman. Mrs. Hinchman was Helen French, class of 1917, Blessing Hospital.

On February 21, a daughter, to Mr. and Mrs. A. W. Stewart, of Detroit, Mich. Mrs. Stewart was Alta Learned, class of 1914, of Blessing Hospital, Quincy, Ill.

### MARRIAGES

On March 19, at Newton, Iowa, Marie M. Hagedorn, class of 1916, Iowa Methodist Hospital, Des Moines, Iowa, to J. Wilfred Morris. Mr. and Mrs. Morris will live in Kellogg, Iowa.

Fanny R. Howe, class of 1911, New England Baptist Hospital, to Erskine Sanford. Mr. and Mrs. Sanford will live in New York.

At Chester, Pa., Mary M. Bessinger, class of 1917, Chester Hospital, to Raymond Kelly, M.D. Dr. and Mrs. Kelly will live in Chicago.

Recently, Mary Maguire, class of 1917, Chester Hospital, Chester, Pa., to Lieut. John Maguire. Lieut. and Mrs. Maguire will live in Boston.

Recently, Catherine Luttrell, class of 1913, Chester Hospital, Chester, Pa., to Ed. Lehde. Mr. and Mrs. Lehde will live in Chester.

On March 19, at Cambridge, Mass., Rena Dutton Wilson, class of 1907, Channing Hospital, Providence, R. I., to William Dutton Hildreth. Mr. and Mrs. Hildreth will live in Herkimer, N. Y.

On March 26, at Palermo, Maine, Grace Greenwood Crosby, class of 1894, Maine General Hospital, to Charles Hollis Arnold.

On February 24, at Milwaukee, Wis., Kathryn Irene Robinson, to John Bell Mathews, M.D.

On April 10, W. June Shupe, class of 1918, Western Pennsylvania Hospital, Pittsburgh, to J. O. Mack.

#### DEATHS

On April 1, at Montclair, N. J., after an illness of several months, Mrs. Edward L. Wilson, formerly Margaret Synnott, class of 1896, Mountinside Hospital. Mrs. Wilson was an active member of the alumnae association; she will be missed by her many friends and associates.

On January 20, of influenza, Elizabeth B. Brandt, class of 1917, Good Samaritan Hospital, Lebanon, Pa. Miss Brandt was devoted to her profession and was much beloved. She will be greatly missed by her associates.

On March 12, at Camp Dennison, Ohio, Amelia Dobson, class of 1887, Long Island College Hospital, Brooklyn. Miss Dobson was one of the oldest and most highly esteemed members of the alumnae association of her school. In its early days she took an active interest in it and was its first president. To her efforts, the association owes, in part, its success. The members deeply regret the death of Miss Dobson, but find comfort in the thought of a life well spent.

On March 13, at the Good Samaritan Hospital, Lebanon, Pa., Mrs. Alice Artz Moyer, class of 1912. Mrs. Moyer was a very popular and self sacrificing nurse, a valuable friend, and a loyal member of the alumnae association of the school. Her associates feel sincere regret in her loss.

On October 23, at South Side Hospital, Pittsburgh, Pa., Olive M. Yingling, class of 1916. Miss Yingling had been engaged in private duty nursing since graduation. During the influenza epidemic she served faithfully and untiringly in the care of the soldier boys at the Magee Hospital. Her home was in Johnstown, Pa.

On October 24, at South Side Hospital, Pittsburgh, Pa., Mary Beulah Anderson, class of 1918. Miss Anderson lacked three days of completing her three-year course of training when she died. She had an amiable disposition, was an excellent nurse, and will be sadly missed by her associates. Her home was in Indiana.

On October 31, at South Side Hospital, Pittsburgh, Pa., Felicia E. Lantz, class of 1911. Miss Lantz had been operating-room supervisor since graduation and was most efficient. She rendered excellent service, and her death is a distinct loss. During the epidemic she worked untiringly. Her home was in Greensboro, Pa.

On March 13, Mrs. Walter Riddle, of Bellevue, Pa. Mrs. Riddle was Blanche Hankey, class of 1910, Western Pennsylvania Hospital, Pittsburgh.

On February 18, of pneumonia, Christiana Thomson, class of 1899, Hahnemann Hospital, Chicago.

Recently, at Dixon, Ill., of Bright's disease, Mrs. R. M. Baird. Mrs. Baird was Grace Over, class of 1910, Hahnemann Hospital, Chicago.

On November 20, at Palmyra, Mo., of influenza, Mrs. Jessamine Dearing. Mrs. Dearing was Jessamine Smith, class of 1914, Blessing Hospital, Quincy, Ill.

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### HONOR ROLL

#### Died in the Service of Her Country

Jane A. Delano, R.N.      Savenay, France      April 15, 1919

Miss Delano, in her position as chief of the Nursing Department of the Red Cross, has rendered the greatest service of any woman in this country which has had for its object the winning of the war. Her department was the only branch of Government service that was ready when war was declared, we have been told. For nearly ten years, Miss Delano had given gratuitous service to the Red Cross as the representative of the American Nurses' Association, and her hours were as long as are those of the humblest clerk, while her responsibilities were as great, and the situations she had to meet were as difficult, as those of an ambassador. She literally wore herself out.

Miss Delano was a graduate of Bellevue Hospital and at one time held the position of assistant to Miss M. E. P. Davis at the University of Pennsylvania Hospital. Later, after having held several minor positions, she was superintendent of Bellevue Hospital. As a young woman, she was a most successful private duty nurse. Her interest in the Red Cross came from her experiences in a yellow fever epidemic in Florida, where she served as a volunteer under Clara Barton, then head of the Red Cross. She was at the head of the Army Nurse Corps at the time of her appointment as chief of the Red Cross Nursing Service, and held both positions for a period of three years. She was president of the American Nurses' Association from 1909 to 1911, and was president of the JOURNAL Board of Directors for one year. She was without doubt the most widely known, personally, throughout the country, of any of our leading nurses.

Miss Delano was intensely patriotic. Her father was killed in the Civil War and although she was too young to remember him, this fact seemed to intensify her American loyalty.

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## BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

**ABSTRACTS OF WAR SURGERY.** An Abstract of the War Literature of General Surgery, Published since the Declaration of War, 1914. C. V. Mosby Company, St. Louis. Price, \$4.00.

This compilation of important surgical papers bearing on War Surgery was prepared by the Division of General Surgery in the Surgeon General's office. One hundred mimeographed copies were distributed to various surgical instructors in the Army Surgical Schools and to the Chiefs of War Hospitals. As the preface states: "This limited issue of one hundred copies so far failed to meet the demand that, upon request, this printed edition has been made." We are given a brief insight into the development of British surgery at the Front and in the line hospitals in France. The use of the advanced dressing stations, the field ambulance, and the casualty clearing stations, a unit developed by this great war, are recounted. The treatment of wounds is divided into different classes such as, wound infection, tetanus, abdominal wounds, chest wounds, fractures, burns, jaw and face injuries. "When, after the lapse of many weeks from the outbreak of the war, there came a full appreciation of the several circumstances which had to be reckoned with when a soldier was wounded, it was recognized, on all hands, that a new and grave problem had arisen which cried urgently for solution." What was accomplished is engrossingly told by Sir Berkley Moyihan and other noted British surgeons. The technique of the paraffin treatment of burns is covered by different men. The difficulties of anesthesia, the symptoms and care of trench-foot, shock, nerve injuries, and many other conditions are described from different personal viewpoints. The volume may be primarily for surgeons, but the understanding of the abnormal conditions of these patients is equally important to the nurse if she is to care for them intelligently. To understand the intricate splints, to be ready to report symptoms after difficult and extraordinary operations, to make men comfortable in peculiar and difficult positions, all this calls for an extensive knowledge on the part of the nurse of the method of the surgeons and the injury to the patient. This is a book that should be in every training school reference library.

**THE NURSES' SERVICE DIGEST.** A Manual of Nursing. By Laurence Humphrey, M.A., M. D. Second American Edition, Revised and Enlarged by W. Myron Reynolds, M.D. Illustrated. George Sully and Company, New York. Price, \$1.50.

The material in this book is taken from lectures given to the probationers at Addenbrook's Hospital, Cambridge, England. The diseases of the different systems are considered; a short account being given of the anatomy of the organs, followed by the treatment of disease. The book may possibly be of service for reference, but a student nurse would need much additional instruction in technique and detail of management.

**ACCIDENTS AND EMERGENCIES:** A Manual of the Treatment of Surgical and Medical Emergencies in the Absence of a Physician. By Charles W. Dulles, M.D. Eighth Edition, Thoroughly Revised and Enlarged, with 45 Illustrations. P. Blackiston's Son & Co., Philadelphia. Price, \$1.00 net.

A book of simple and practicable suggestions for first aid, to be used, as the title states, while waiting for the arrival of the doctor. The descriptions are clear and the illustrations good. In this edition are many modifications of the suggestions of former editions, necessitated by the changes in methods developed during the present war.

**THE DISABLED SOLDIER.** By Douglas C. McMurtrie. With an introduction by Jeremiah Milbank. The Macmillan Company, New York. Price, \$2.00.

The book is dedicated "To the American Soldier gone out to France to risk physical disability in the cause of freedom and right." "Beyond reaches of history, the disabled man has been a castaway of society," now, for perhaps the first time, we have a description of the whole modern principle of rehabilitation. Douglas McMurtrie is well qualified for the work he has undertaken, being Director of the Red Cross Institute for Crippled and Disabled Men, which was established in the spring of 1917 as the first specialized trade school in the country for the handicapped adult. For eight years he has made a study of the disabled man. The volume presents briefly the theory and practice of the reconstructive work of redeeming injured men "from the social and economic scrap-heap." The royalties on this book have been assigned to the Red Cross Institute for Crippled and Disabled Men. The photographic illustrations are most interesting, as they show what has been done. For instance, one photograph shows a man at work with four artificial limbs!

## OFFICIAL DIRECTORY

**The American Journal of Nursing Company.**—President, Sarah E. Sly, R.N., Birmingham, Mich. Secretary, Minnie H. Ahrens, R.N., 534 Aldine Avenue, Chicago, Ill. Editor and Business Manager, Sophia F. Palmer, R.N., 19 West Main Street, Rochester, N. Y.

**The American Nurses' Association.**—President, Clara D. Noyes, R.N., 1726 M. Street, N.W., Washington, D. C. Secretary, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Interstate Secretary, Adda Eldredge, R.N., 19 West Main Street, Rochester, N. Y. Biennial convention to be held in 1920 in Atlanta, Georgia. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elnora Thomson, R.N., Hull House, Chicago; Legislation, Chairman, Anna C. Jammé, R.N., State Board of Health, San Francisco, Calif.; Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich.

**The National League of Nursing Education.**—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati, Ohio. Treasurer, M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill. Special meeting to be held June 24-27, 1919, Chicago.

**The National Organization for Public Health Nursing.**—President, Mary Beard, R.N., 561 Massachusetts Avenue, Boston, Mass. Secretary, Ella Phillips Crandall, R.N., 156 Fifth Avenue, New York, N. Y.

**National Committee on Red Cross Nursing Service.**—Chairman, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Dora E. Thompson, R.N., Surgeon General's Office, Army Nurse Corps Division, 7th and B. Sts., War Department, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**Isabel Hampton Robb Memorial Fund Committee.**—Chairman, M. Adelaide Nutting, R.N., Teachers College, New York City. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

**Relief Fund Committee.**—Chairman, Elizabeth E. Golding, R.N., 317 West 45th Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y.

**Department of Nursing and Health, Teachers College, New York.**—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City.

### STATE ORGANIZATIONS OF NURSES

**Alabama.**—President, Mary Denman, R.N., Birmingham. Secretary, Bertha C. Clement, R.N., 2019 Avenue F, Birmingham. President examining board, Lemoyne Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham.

**Arkansas.**—President, Katharine Dillon, Little Rock. Corresponding secretary, Annie Bremyer, R.N., El Dorado. President examining board, St. Cloud Cooper, M.D., Ft. Smith. Secretary-treasurer, Sister Bernard, St. Vincent's Infirmary, Little Rock.

**California.**—President, Louise Groth, R.N., 1108 Grant Street, Santa Clara. Secretary, Mrs. J. H. Taylor, R.N., 126 Ramsell Street, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jammé, R.N., State Board of Health, Bureau of Registration of Nurses, 515 Underwood Building, San Francisco.

**Colorado.**—President, Mrs. Lathrop Taylor, 304 East Myrtle Street, Ft. Collins. Secretary, Mrs. Frank Pine, 301 W. Ormon Avenue, Pueblo. President examining board, M. Cordelia Cowan, R.N., Longmont Hospital, Longmont. Secretary, Louise Perrin, R.N., State House, Denver.

**Connecticut.**—President, Mary Grace Hills, R.N., 200 Orange Street, New Haven. Secretary, Harriet E. Gregory, R.N., 75 Elmwood Avenue, Waterbury. President examining board, Martha J. Wilkinson, R.N., 34 Charter Oak Avenue, Hartford. Secretary, R. Inde Albaugh, R.N., Connecticut State Library, Hartford.

**Delaware.**—President, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington. Secretary, Evelyn B. Hayes, 913 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Florence J. Thomas, R.N., Delaware Hospital, Wilmington.

**District of Columbia.**—President, Elizabeth G. Fox, R.N., 2506 K Street, N.W., Washington. Secretary, Temple Perry, 1627 16th Street, Washington. President of examining board, Sallie F. Melhorn, R.N., 1337 K Street, N.W., Washington. Secretary-treasurer, Margaret T. Flynn, R.N., 1337 K Street, N.W., Washington.

**Florida.**—President, Mrs. W. M. Porter, 227 Market Street, Jacksonville. Secretary, Isabel H. Odiome, R.N., 419 East Forsythe Street, Jacksonville. President examining board, Julia W. Hopkins, Box 696, St. Augustine. Secretary-treasurer, Mrs. Louisa B. Benham, 738 Talleyrand Avenue, Jacksonville.

**Georgia.**—President, Henrietta Myers, 126 East Taylor Street, Savannah. Corresponding secretary, Eva Higginbotham, Park View Sanitarium, Savannah. President examining board, Jane Van De Vrede, R.N., 424-431 Healey Building, Atlanta. Secretary and treasurer, Louise Hazlehurst, R.N., 371 Orange Street, Macon.

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